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THE

# *Quarterly Record*

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M.G.H. School of Nursing  
November, 1873

*Centennial Issue*

*Spring 1973*





7625

THE  
*Quarterly Record*

OF THE  
MASSACHUSETTS GENERAL HOSPITAL  
NURSES ALUMNAE ASSOCIATION, INC.

This Magazine is Published in the Spring, Summer, Fall and Winter

# MASSACHUSETTS GENERAL HOSPITAL NURSES ALUMNAE ASSOCIATION

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## ALUMNAE OFFICE HOURS:

Tuesday & Wednesday, 9:00 a.m.-3:00 p.m. — Thursday, 10:00 a.m.-1:00 p.m.

Telephone: 726-3144

## WHERE TO WRITE

Contributions to the Loan Fund and Requests for Loans: MRS. MARILYN PROUTY, c/o Alumnae Office. Make checks payable to the Annabella McCrae Loan Fund.

When Someone is ill: Alumnae Secretary, Bartlett Hall, 34 Blossom St., Boston, Mass. 02114.

Sick Relief Application and Dues: MISS MIRIAM HUGGARD, Phillips House, Massachusetts General Hospital, Boston, Mass. 02114.

Requests for Membership, Alumnae Dues, Changes of Address and General Information: MRS. EVELYN LAWLOR, Alumnae Secretary, Bartlett Hall, 34 Blossom St. Boston Mass. 02114.

# THE QUARTERLY RECORD

OF THE

MASSACHUSETTS GENERAL HOSPITAL NURSES

ALUMNAE ASSOCIATION, INC.

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Vol. LXIII

Spring 1973

No. 1

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## QUARTERLY COMMITTEE

Editor .....	Madalene Brown Calogiro
	11 Vanness Rd., N. Weymouth, Mass. 02191
Chairman .....	Judith Harding Dougherty
Staff .....	Linda Murphy

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*Subscription to the Magazine is included in the dues of the members of the Association*

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All communications for insertion in the *QUARTERLY* can to be sent to the  
OFFICE OF THE ALUMNAE SECRETARY or directly to the EDITOR

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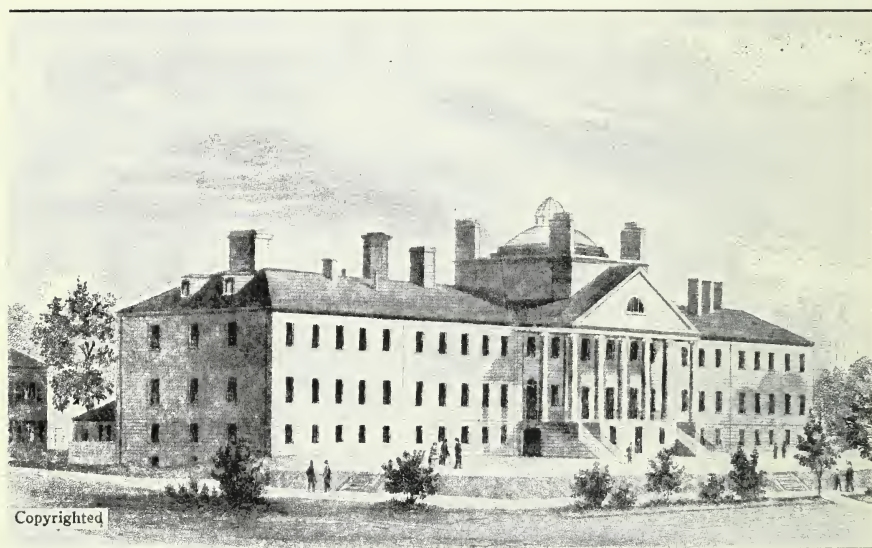
Memo to contributors. Material should be sent not later than March  
1st, for the Spring *QUARTERLY*; June 1st, for the Summer issue;  
Sept. 1st for the Fall issue; and Dec. 1st for the Winter issue.



In preparation for writing the *Centennial Review*, Sylvia Perkins and members of her committee have reviewed in great detail the records of the School of Nursing. They found much that was interesting but just could not be included in the *Review*. They have selected some items they thought would be of particular interest to our readers.

In this issue, we have devoted a third of the *Quarterly* to reprinting some of this historical material. There will be more in the next issue. We are grateful to Miss Perkins for sending it to us.

Editor



Massachusetts General Hospital — 1847

Photographs: Bulfinch 1847 — Bulfinch Ward 1857, from historical material.  
Bulfinch Ward 1967, Mark Silber; Gray Building, MGH News Office.

# Historical Material from the Files of the School of Nursing

Among some of the treasures in the files of historical materials in the School of Nursing are lecture notes written by students of The Boston Training School, others of later vintage, examination questions, minutes of various committees associated with the School, copies of notices to students, precedents, and directives of many years ago. Some of these have more value for the flavor they bring to memory than historical merit, but as our centennial approaches it seems that a few samples from other days may be of interest.

Annie W. Hurlbutt, Class of 1891, the Boston Training School for Nurses attended a lecture given by Dr. Arthur Cabot on Special Nursing in Abdominal Surgery; her notes follow. By 1896 the Massachusetts General Hospital was conducting the training school. In that year Etta M. Adams entered the School. Her notebook contains the diets used in Ward 30 and some of the twelve lectures given by doctors during the year. A sample of one of these is included in addition to the pre-operative preparation for a woman patient on Ward E. The examination questions prepared by Dr. James M. Jackson and Dr. Richard C. Cabot in March, 1900 will show the topics that they considered important. The last item is a copy of the clinical graphic chart of a typhoid patient on Ward B in 1897 which was prepared by Etta Adams.

Wards B and E have long since been torn down. The present word is that the patients are soon to be moved from the Bulfinch Building to the Gray Building. So we think that it's time to get some odds and ends in to print before we start our second century.

*Notes by Annie W. Hurlbutt, Class of 1891,  
Boston Training School for Nurses*

## Special Nursing in Abdominal Surgery – Lecture by Dr. Arthur Cabot

In abdominal surgery cleanliness of the skin is of the first importance. It should be washed with soap and water and shaved the day before the operation if possible so any loose hairs may be cleared away. Then the skin should be washed with ether or some alkaline substance, then corrosive and a corrosive pad put over the abdominal surface and left until just before the operation commences.

The instruments are usually cared for by the surgeon himself. They may be boiled, subjected to dry heat or washed thoroughly with some antiseptic. Silk ligatures may be boiled from one to two hours then put in alcohol or soaked one or two weeks in 1-20 carbolic; catgut soaked in ether or oil of juniper and kept in alcohol or carbolized oil. If ordinary sponges are used, they should first have the sand knocked out, be washed in water, without

soap, then soaked in corrosive or carbolic for two weeks. A better sponge is the wool sponge, but in making it is important to see that there are no loose threads. Each nurse should count the sponges before and after the operation. During the operation Dr. Cabot prefers merely boiled water as corrosive of strength, to be of use, would carry away a dangerous amount of the intestines. Sponges should never be torn as you lose count and expose fresh surfaces which may not be antiseptic.

Before an operation in a private house, if there is time, the carpet should be taken up and the floor thoroughly cleaned. If not time for this, have no cleaning done, lay sheets over the carpet, have walls washed with a weak solution of carbolic and backs of pictures carefully attended to.

It is of great advantage to have the bowels as empty as possible of gas, as well as fecal matter. Ordinary water gruels or animal broths have the advantage of thorough and quick digestion, but if there is any tendency to digestive disturbance a dry diet is better. Liquids are more liable to ferment and produce gas. Rice, crackers, stale bread or dry meat may be given with very little liquid. Be sure the bladder is empty and it is best to use a catheter just before the operation. Be careful to have bowels move every day for two or three days before. Occasionally when there is a cyst with bloody, purulent or foetial matter, it may burst within the peritoneal cavity. It should be washed out with boiled water 105-5 or some use a weak solution of some non-poisonous disinfectant then a drainage tube put in. The tube acts like the shaft to a well and the fluid must be removed by suction. Use antiseptic precautions, put another tube on the syringe and draw up the fluid. The catheter is generally used for a few days after the operation. Have patient as well as catheter surgically clean as cystitis may set in and be very troublesome afterwards.

When the uterus or a portion of it is removed keep the stump as dry as possible. Occasionally a fistula results and it makes itself known by the presence of fecal matter in the tube. Introduce a small catheter and wash out often. Often the abdominal wall is weak after the patient is well. It should be supported by a flannel swathe fitted over the hips.

*From the notebook of Etta M. Adams, class of 1896*

### **Ward 30 — Liquid Extra Diet**

Chicken, rice, stale bread, toast, scraped beef sandwiches. Blanc mange, granum, custard, all kinds of soft puddings without raisins. Raw oysters, milk broths, gruels, milk whey, soups. Oranges, lemonade, crackers, ice cream, weak tea, coffee or cocoa, wine whey. Milk with lime-water, soda, or peptogenic. Eggs — onnelet, dropped on toast, raw in sherry or milk, scrambled. Mellin's food, beef juice, farina.

**Lecture** — Dr. Brooks — May 28, 1896 (Corrected and graded "Excellent")

The lymphatic system is marked in certain situations by glands, and



but little is known how it extends through the system — only through disease. The lymphatics of the right thorax, right side of the head and neck, and right arm empty their contents into the right lymphatic duct. Those of the rest of the body empty into the thoracic duct. All these glands secrete lymph, and they are enlarged by absorption of poisons. The parotid are important glands situated on either side of the face in front of the ear, and they empty into the mouth under the angle of the jaw. The liver is an important organ, situated under the diaphragm on the right side of the abdomen. It collects bile. The gall-bladder acts as a reservoir for the bile which empties into the small intestine through the gall-duct. Another (organ) is the pancreas, the duct of which empties into the duodenum. The fluids secreted by these glands all aid in digestion. The saliva helps in masticating the food and also moistens it, makes it more or less alkaline, and digests starch. In the stomach the contents become acid, and the two agents counteract each other; the bile and pancreatic juices aid in digesting fats and starch. The spleen is associated with changes in the blood but its function is not known. It is situated high up near the diaphragm, and has no duct. After digestion, part of the food is absorbed, and the waste matter passes out through the rectum. One of the most important organs is the kidney and its product urine. Leading from the cavity of the kidney is a tube called the ureter which conveys the urine to the bladder where it escapes through voluntary action. Normally urine contains neither albumen or sugar, is of a pale, lemon color with a specific gravity of 1020, and an acid reaction. Notice first the color which may be changed through normal factors. In warm weather, owing to the moisture that escapes through the sweat glands, the color may be higher and the quantity less. Certain drugs also produce peculiar effects. To determine the reaction, test with litmus paper. If acid, it will turn blue paper to red; if alkaline, the red to blue. If neutral, it will have no effect. The specific gravity is tested with the urinometer. Pale urine with a high specific gravity should be tested for sugar. There are two tests for albumen: heat and nitric acid. With the heat test the urine should be acid; if not, make it so by adding a few drops of acetic acid. Put some into a test tube, boil for a minute, and hold it up to the light. If it appears cloudy, there is albumen present. The cloudiness may be due to phosphates; if so, it will disappear if a few drops of nitric acid are added. For the nitric acid test, put a small quantity of urine in a test tube, add carefully some pure nitric acid. If albumen is present, a white zone will appear at the junction of the two fluids, its thickness depending on the amount of albumen present. For the sugar test, use Fehling's solution of sulphate of copper and tartrate of sodium. Dilute with water and boil. If the color changes, it (the test) is worthless, and another must be prepared. Add the urine drop by drop. When/if sugar is present, a precipitate will be seen varying in color from a light yellow to a deep orange depending on the amount present. The sediment in urine must be carefully examined as it is often a help in finding out where the trouble is.

## **Pre-Operative preparation for a female patient on ward E**

Castor oil, drams VI — 36 hours before operation

Day before operation:

Suds and glycerine enema with turpentine, drams ii in A.M. & P.M.

Shave parts. Bathe patient.

Scrub with soap and water and ether.

Apply soft soap poultice for two hours.

Corrosive douche 1 - 5000

Two hours later

Scrub with ether

Scrub with chlorinated soda 1 - 10

Scrub with corrosive sublimate 1 - 1000

Scrub with hydrogen peroxide

Corrosive poultice 1 - 5000

Day of operation

Change poultice, braid hair, have two blankets ready for patient before time of transfer and clean stockings.

Catheterize 15 minutes before transfer is made.

Diet from time oil is given until operation: liquids without milk.

Trional grains XV at 7 P.M. night before operation.

## **Medical Examination — Dr. Richard C. Cabot — March 6, 1900**

1. How are nutrient enemata prepared and administered? How do you tell when they are being well borne and absorbed?
2. What are the symptoms of opium poisoning?
3. If the care of the bowels were left entirely in your hands, what would you do to alleviate constipation?
4. What symptoms should we be on the lookout for in Nephritis?
5. How are bedsores prevented?

Twenty-four students took this examination. The highest score attained was 96%. Scores ranged: 100-90 = 8 students, 89-80 = 7 students, 79-70 = 4 students, 69-60 = 5 students. A grade of 40 or below was failing; one student who failed was given a second examination.

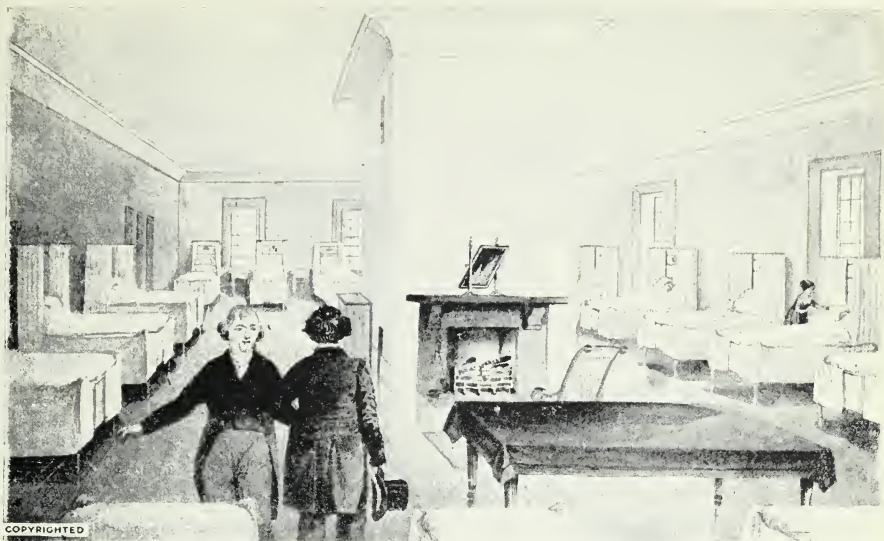
## **Junior Examination — Dr. Jackson — March 29, 1900**

1. What complications may arise during Typhoid Fever; describe each and give the treatment. What are baths given for? What are the usual precautions in Typhoid Fever?

Answer two of the following:

2. State the position of the liver and its functions.
3. Describe the pulse of overstimulation.
4. What are the rates of respiration at different ages?
5. State briefly the treatment of opium poisoning.

Thirty-four students took this examination, and four attained 100%. There were no scores below 60%. The distribution among the four grade levels was nearly even.



Bulfinch Ward — 1857

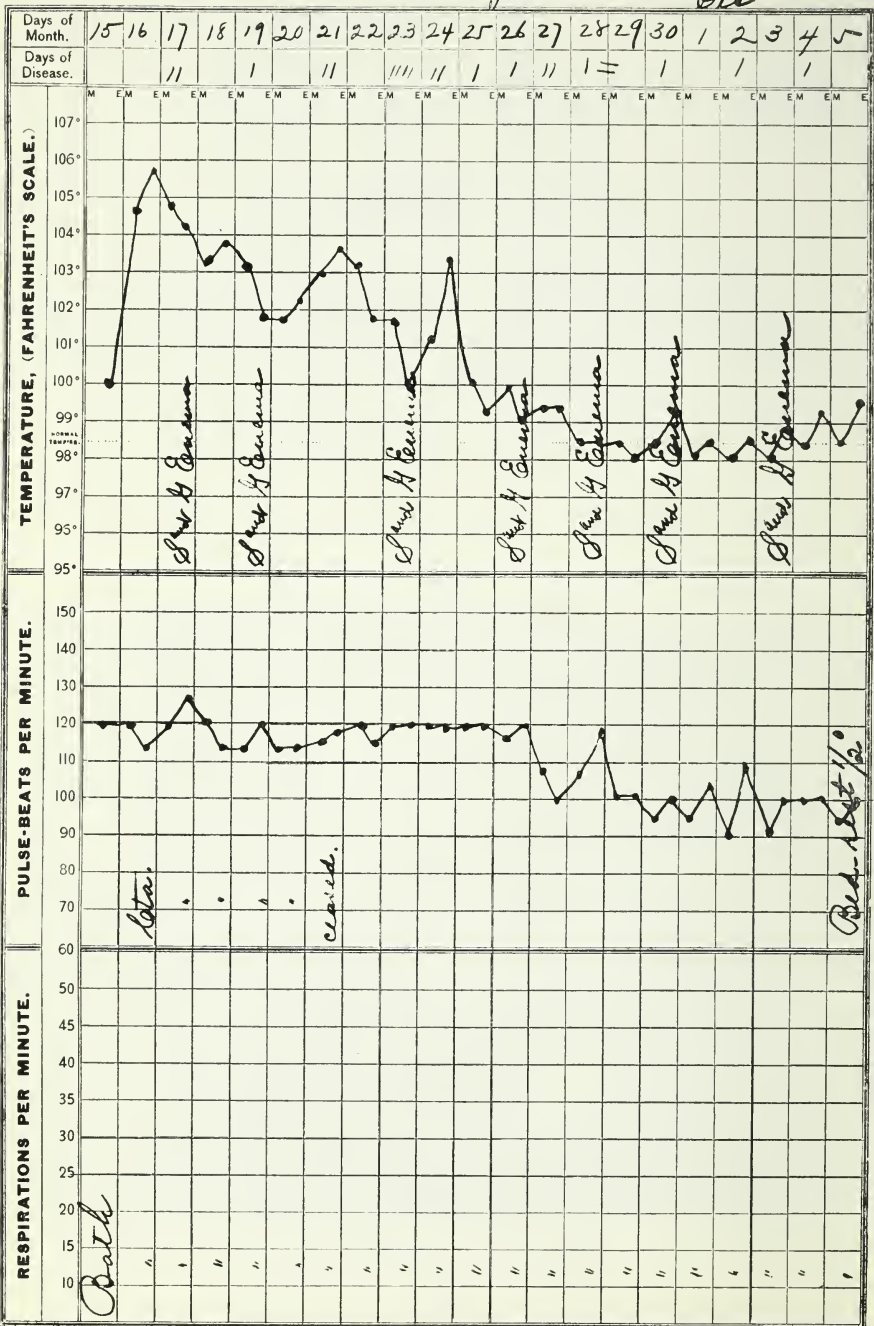


Bulfinch 6 (Ward 31) 1967



# CLINICAL CHART.

NAME, *Jeanette Sears* WARD *B* BED NO. *5* DATE *Nov. 15th*  
 MEDICAL RECORD BOOK, VOL. PAGE DISEASE *Typhoid Fever* 1897.



REPORT OF THE DIRECTORS

OF THE

# Boston Training School for Nurses

ATTACHED TO THE

MASSACHUSETTS GENERAL HOSPITAL

FOR

1895

BOSTON

PRESS OF GEO. H. ELLIS, 141 FRANKLIN STREET

1896

## OFFICERS.

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*Treasurer.*

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*Clerk.*

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24 Exchange Place.

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DR. J. M. JACKSON.

DR. S. J. MIXTER.

DR. J. G. MUMFORD.

MR. D. L. PICKMAN.

DR. C. P. PUTNAM.

DR. W. L. RICHARDSON.

DR. O. F. WADSWORTH.

*Superintendent.*

MISS MARIA B. BROWN.

## REPORT FOR 1895.

THE Directors of the Boston Training School for Nurses desire to present herewith to their friends and subscribers their Twenty-second Annual Report, which will also be their final one, as the Trustees of the Massachusetts General Hospital have decided to take over the Training School, so as to have everything under one head.

The usual work of the year has been carried on in a satisfactory manner by lectures, teaching by the Superintendent of Nurses, ward training, and lessons in massage and cooking, and quarterly examinations by the Physicians.

Thirty-four nurses have been accepted out of 840 applications during the year. 33 nurses have been graduated, and there is now a large waiting list. The staff of Doctors has, as before, given weekly lectures to the nurses with great gain; and in all ways the year closes with satisfactory results.

Under the circumstances of the change of management it may be of interest very briefly to review the establishment and work of this Training School, which was one of the first three started in this country. In the year 1873 some ladies, feeling strongly the defects in the standard of nursing in this city, united themselves with some physicians, and asked of the Trustees of the Massachusetts General Hospital that they might be allowed an opportunity in the Hospital to train nurses. A ward of the Hospital was given into their charge, good women were selected to do the nursing, and the results so satisfied the Trustees and Doctors in charge that another ward was shortly given to their care; and in July of 1873 the Boston Training School became a corporate body, and gradually received from the Trustees the charge of the entire nursing of the Hospital. The ladies and gentlemen forming the original committee soon enlarged their board to the present number of twenty. They have had under their oversight and control in the Hospital a growing body of nurses, until the present number of 72 nurses, with Superintendent and Night Superintendent, was reached and they have gradually brought about, with the assistance of the Doctors, the existing system of teaching and training, by instruction, lectures, and the practical and varied work of a large hospital. In these twenty-two years there have been graduated 398 nurses, of whom 58 have become superintendents or assistant superintendents of hospitals, 186 have become private nurses, and the remainder died or returned to private life or other occupations.

The Training School in its growth has been largely indebted to the help, advice, and support of the Physicians of the staff and the cordial and helpful co-operation of the Resident Physician.

The money to carry on this work of training has been given by generous friends and yearly subscribers: and we are able to turn over the funds to the Hospital in excellent shape, thanks to the capital care given for many years by our Treasurer.

The Managers of the Training School close this twenty-second and final year of their work with the hope and belief that the Training School for Nurses will go on yearly to higher and better work, and ever maintain the best standard of nursing in this community.

# LIST OF LECTURERS AND SUBJECTS

FOR THE YEAR 1895-96.

*Lectures to be given Thursdays at 4 P.M.*

- DR. A. K. STONE. September 19, 26.  
The physiology of digestion. The preparation and methods of serving the various foods, including the use of nutritive enemata.
- DR. WILLIAM M. CONANT. October 3, 10.  
Topographical anatomy.
- DR. FREDERICK C. COBB. October 17, 24.  
Care of the sick-room. (Ventilation, temperature, furnishing, arrangement. Use of disinfectants and deodorizers, with especial reference to the care of contagious diseases.)
- DR. JAMES C. WHITE. October 31, November 7.  
The anatomy and care of the skin.
- DR. J. J. MINOT. November 14, 21, 27.  
General medical nursing, including the use of leeches, blisters, cuppings, enemata, and baths.
- MISS ANNIE PAYSON CALL. November 23.
- DR. J. J. MINOT. December 5.  
Special nursing in cases of fever.
- DR. JAMES M. JACKSON. December 12, 19.  
The preparations of medicine, — their doses, and methods of administration. Poison emergencies.
- DR. C. A. PORTER. December 27.  
Care of the dead. Autopsies.
- DR. WILLIAM A. BROOKS, JR. January 2, 9.  
Account of the circulation, the pulse, respiration and temperature, secretions and excretions. Examination of the urine.
- DR. CHARLES L. SCUDDER. January 16, 23, 30.  
Wounds, methods of repair in wounds, inflammation, surgical fevers, the principles of antiseptic and aseptic surgery, preparations to be made for a surgical operation in private nursing.
- DR. CHARLES L. SCUDDER. February 6.  
Special nursing in cases of thacheotomy, intubation of the larynx, and abdominal surgery.
- DR. CHARLES W. TOWNSEND. February 13, 20.  
Special nursing in obstetric cases.
- DR. HERMAN F. VICKERY. February 27, March 5.  
Special nursing in diseases of the thoracic and abdominal organs.
- DR. MAURICE H. RICHARDSON. March 12, 19, 26.  
The administration of anæsthetics. Care of patients before, during, and after operations, with possible emergencies (shock, hæmorrhage, and collapse).



DR. J. W. ELLIOT.	April 2, 9, 16.
Surgical dressings. Fractures and the application of splints.	
DR. FREDERICK C. COBB.	April 23.
Special nursing in diseases of children.	
DR. JAMES J. PUTNAM.	April 30, May 7.
Special nursing in diseases of the nervous system. Massage. Chorea.	
Convulsions. Epilepsy.	
DR. H. C. BALDWIN.	May 14, 21.
Special nursing in mental diseases and for the insane.	
DR. ORNE GREEN.	May 28.
Special nursing in diseases of the ear.	
DR. H. C. ERNST.	June 4, 11.
Bacteriology.	
DR. F. E. CHENEY.	June 18.
Special nursing in diseases of the eye.	

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ANNUAL ACCOUNT, CHARLES P. CURTIS, *Treasurer, in account with* BOSTON  
TRAINING SCHOOL FOR NURSES.

1895.		<i>Cr.</i>	
Subscriptions and donations	\$2,500.00	Monthly expenses	\$2,798.12
Income of fund	798.50	Sundries, supplies, etc.	207.98
Interest on deposits	42.08	Dr. Baldwin, revising lectures	200.00
	\$3,440.58	Balance	134.48
			\$3,340.58
		CHARLES P. CURTIS,	
		<i>Treasurer.</i>	

INVESTED FUNDS.

36 shares Boston & Albany Railroad Company	\$3,600.00
10 shares Old Colony Railroad Company	1,000.00
12 shares Boston & Maine Railroad Company	1,200.00
30 shares Fitchburg Railroad Company	3,000.00
5 5 per cent. bonds Vermont Consolidated Company	4,750.00
Over invested	\$57.70

CHARLES P. CURTIS,  
*Treasurer.*

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SUBSCRIPTIONS AND DONATIONS  
FOR THE YEAR 1895.

Miss Anna S. Amory	\$10.00	Dr. H. C. Baldwin	10.00
Charles W. Amory	50.00	James H. Beal	10.00
William Amory	5.00	Thomas P. Beal	10.00
Anonymous	100.00	J. Arthur Beebe	10.00
Edward Austin	10.00	Dr. W. S. Bigelow	20.00

Miss Helen Bradlee .....	50.00	Mrs. Lucy Lowell .....	10.00
Martin Brimmer .....	20.00	Arthur T. Lyman .....	20.00
Sheperd Brooks .....	50.00	Mrs. Theodore Lyman .....	15.00
Edward I. Brown .....	10.00	Miss Ellen F. Mason .....	25.00
Mrs. S. H. Bullard .....	5.00	Miss Ida M. Mason .....	50.00
Mrs. W. S. Bullard .....	5.00	Charles Merriam .....	25.00
Mrs. J. Elliot Cabot .....	5.00	Mrs. G. von L. Meyer .....	\$50.00
John H. Cabot .....	10.00	Miss H. J. Minot .....	10.00
Mrs. Card .....	100.00	Miss Amelia Morrill .....	25.00
Miss A. P. Cary .....	10.00	Miss Laura Norcross .....	25.00
Miss S. G. Cary .....	5.00	The Misses Paine .....	10.00
Mrs. James B. Case .....	20.00	Miss S. J. Paine .....	15.00
Mrs. Eliot C. Clarke .....	25.00	Mrs. John Parkinson .....	10.00
Mrs. Alex. Cochrane .....	10.00	Francis H. Peabody .....	25.00
Mrs. James M. Codman .....	20.00	Oliver W. Peabody .....	25.00
Robert Codman .....	10.00	Mrs. John C. Phillips .....	100.00
T. Jefferson Coolidge .....	25.00	Henry L. Pierce .....	100.00
Charles P. Curtis .....	20.00	Dudley L. Pickman .....	25.00
Horatio G. Curtis .....	10.00	Mrs. W. D. Pickman .....	25.00
Louis Curtis .....	5.00	Mrs. C. H. Preble .....	10.00
Robert M. Cushing .....	\$50.00	Henry R. Read .....	100.00
Mrs. E. G. Cutler .....	10.00	Dr. W. L. Richardson .....	50.00
Charles H. Dalton .....	20.00	Mrs. R. L. Robbins .....	10.00
Arthur Dexter .....	25.00	Miss Emma Rodman .....	5.00
Edmund Dwight .....	10.00	Miss Edith Rotch .....	10.00
William Endicott, Jr. ....	50.00	Mrs. G. H. Shaw .....	\$40.00
Misses Fairbanks .....	10.00	Mrs. L. A. Shaw .....	50.00
Johnathan French .....	50.00	Mrs. Francis Skinner .....	60.00
A Friend .....	25.00	Miss M. G. Storer .....	5.00
Joseph B. Glover .....	50.00	Miss A. M. Storer .....	10.00
Miss Eliza Goodwin .....	10.00	Bayard Thayer .....	50.00
Miss Harriet Gray .....	5.00	E. V. R. Thayer .....	50.00
Henry S. Grew .....	10.00	John E. Thayer .....	50.00
Mrs. S. Eliot Guild .....	5.00	Nathaniel Thayer .....	50.00
Mrs. C. P. Hemenway .....	20.00	Miss Mary Thomas .....	5.00
Mrs. C. P. Hemenway .....	20.00	George W. Wales .....	20.00
Mrs. R. C. Hooper, Jr. ....	50.00	Mrs. Charles E. Ware .....	40.00
H. H. Hunnewell .....	100.00	John W. Wheelwright .....	10.00
Walter Hunnewell .....	20.00	F. A. Whitwell .....	5.00
Mrs. Hartman Kuhn .....	5.00	Miss Sophia Whitwell .....	5.00
George C. Lee .....	10.00	S. Horatio Whitwell .....	10.00
Henry Lee .....	10.00	Mrs. T. L. Winthrop .....	10.00
Mrs. C. T. Lovering .....	10.00	Mrs. J. H. Wolcott .....	25.00
Mrs. John Lowell .....	15.00		



Gray Building

Located on Blossom St. (section formerly known as Allen St.) the Gray Building is the newest building at MGH.

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## *A Centennial Review, 1873-1973*

It may be news to those of you who were unable to attend the 1972 Homecoming that *A Centennial Review, 1873-1973* is being prepared for publication in this year of our Centennial celebration. Do you real-

ize that no account of the MGH School of Nursing has been published since 1922? It became clear to the Committee that the fascinating points of view and the useful information derived from the responses to the

"Questionnaire for a Study of Graduates, 1920-1970" would be enriched by adding background about the MGH, the School, and developments in Nursing. Approval of this plan came from both the School and the Alumnae Association.

What kind of a book will it be? It is a review and not a history. Nursing at MGH has been affected by developments at the Hospital, by changes in the fields of medicine and community health, and by the struggles of nurses in the United States to achieve improvements in nursing education so better nursing could be provided. The achievements and blocks to progress are considered. The story of our School is recounted in enough detail so that graduates may gain a better idea of what it was like to be a student in a period other than their own. The reader who is not a nurse has been kept in mind, also. Vignettes are interspersed throughout the story which focus on the personality and contributions of some individuals and the flavor of certain experiences. These are associated mainly with the last fifty years of the School, but to get a more complete picture some of the antecedents are also included. So expect a sampling of places, people, thoughts, events, and experiences. An attempt has been made to illumine the information from the questionnaires and to reveal to some degree possible sources of our points of view. It is hoped that our thoughts about Nursing and our School and its future will be made more understandable to all readers. A special dimension has been added by the valuable editorial assistance

of Janet W. James, a professor of social history and associate editor of *Notable American Women*, Harvard University Press 1971.

The Committee believe that *A Centennial Review, 1873-1973* will tell a story not found elsewhere and that it will be of value to readers outside of the MGH group. The originally planned "Report of the Study of the Graduates, 1920-1970" would have been of rather limited interest, would have had around 150 pages, and would have cost about \$2.50. The publication now planned will have about 300 pages, a specially designed laminated cover and attractive format as well as some carefully selected illustrations. It will cost \$6.00. This price includes the costs of preparing the manuscript, editing, and publishing. All of the members of the Committee have contributed their time and effort to this project for the last four years. Several hundred dollars were saved in this way on the processing of the questionnaires. Some individual alumnae and the Class of 1922 have supported this work generously. For this we are very grateful.

Monies from the MGH school of Nursing Endowment Fund are in part supporting this project with the understanding that income from the sale of books will be returned to the Endowment Fund.

The Committee take cognizance of their agreement to distribute the "Report" of the questionnaires to all respondents free of charge; therefore a deduction of \$2.50 from the cost of a copy of *A Centennial Review* is being made for respondents. If anyone who has not contributed yet



wishes to help the cause by a small contribution, her check for the full price of \$6.35 will be gratefully received.

Advance orders for *A Centennial Review* will be handled by the Committee's treasurer, Miss Helene G. Lee. A form is provided for your use. It will be most helpful to have an early response from you.

*No book will be distributed without the use of the order form below and an accompanying check payable to Helene G. Lee.* Additional order

forms may be obtained by writing to Miss Lee; please enclose a stamped, addressed envelope.

The full price is \$6.00 plus 35¢ for mailing = \$6.35.

Respondents to the questionnaire pay \$3.50 plus 35¢ for mailing = \$3.85.

During the Centennial Celebration, books may be purchased *only* at the time of registration at the Sheraton-Boston Hotel. The price will be \$6.00 plus the 3% Massachusetts sales tax.

## Committee

### *For the Alumnae*

Margaret H. Anderson

Catherine P. Barrett

Margaret P. Cade

Helene G. Lee

Annie Polcari

Ruth Sleeper

Beverly Thoren

Barbara Williams

Sylvia Perkins, *Chairman*

### *For the School*

Ann Cahill

Natalie Petzold

Sarah C. Robinson

Helen Sherwin

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## ORDER FORM

*A Centennial Review, 1873-1973*

**The Massachusetts General Hospital School of Nursing**

---

Your Name

Class if MGHSN

---

Street

City

State

Zip Code

No book will be mailed without an order form. Extras are available from H. G. Lee; send stamped, addressed envelope.

Full price: \$6.00 + 35¢ for handling/mailling = \$6.35

Respondent's price: \$3.50 + 35¢ for handling/mailling = \$3.85

*Make check payable to:* HELENE G. LEE

*Mail with order form to:*

H. G. Lee, 36 Aborn St., Peabody, Mass. 01960

(No sales tax; book mailed from N.H.)

# Annual Alumnae Reports for 1972

## *President's Report*

The year 1972 has been a busy one for the Board and your President. We hope that through improved reporting in the **Quarterly Record**, the Alumnae members are better informed of the deliberations and decisions the Board has made.

The usual activities bringing us in contact with the School of Nursing students have occurred, and, as always, a source of enjoyment for me. At the Senior Dinner in May, we honored 80 members of the graduating class and presented \$500.00 to Dorothy Pinette as the outstanding senior in the class. This was presented in the name of Roberta Tapella, class of 1957.

In June, we honored the graduating class again, presenting a yellow rose to each graduate at the commencement exercises. In October, Convocation was renewed (after a 1 year hiatus). A monetary award was made to Kenneth White, in recognition as an outstanding senior. Announcement was also made, by your president, of tuition aid gifts, given to 2 juniors and 2 seniors, in an appropriate manner of communication. This part in Convocation gives us the opportunity to present the purposes of the Alumnae Association to the student body.

Of interest to many of you was our representation and participation at "Roberta Tapella Day", sponsored at the Paul A. Dever School, by the Paul A. Dever Association for Retarded Children, Inc. An all day seminar was held entitled "Role of the Nurse in Mental Retardation". Students from many Massachusetts Schools of Nursing attended. At the conclusion of the seminar, four \$500.00 scholarships were presented to students in memory of Roberta. It was my privilege to review some of Roberta's activities and accomplishments, highlighting her commitment to Mental Retardation, just prior to the awarding of the gifts.

Another special event occurred at this year's Homecoming, when Helen Coghlan was a special guest, in honor of her retirement after 44 years of service to the MGH.

Activity for the Board and Alumnae members in the Boston area has concentrated on two main activities this past year, with every indication toward a fevered, fervored pitch in the very near future. The Centennial Steering Committee, ably co-chaired by Ann Cahill for the Alumnae Association, and Frances Gibbons for the School of Nursing, has an impressive array of sub-committees and about 100 alumnae and faculty busily laying the ground work and working out details for the historical 100th Anniversary of the MGH School of Nursing. Festivities will be held Sept. 28, 29 and 30, 1973, to which we will extend a hearty, warm welcome to all — alumnae and friends of the School of Nursing.

Associated with the Centennial plans is the Profile Study, the questionnaire initiated by Sylvia Perkins 4 years ago. The return of question-

naires has been very favorable, and has led the committee to embark on a much larger scale publication to be called "A Centennial Review 1873-1973". This will combine a report of the study and related historical material, and will be considerably more in content than the expected results of the Profile Study. Copies are expected to be ready for sale at the Centennial weekend in September.

The Board received a letter from an alumna, requesting the Association to support a study and possible proposal for alternative future plans for consideration by the School of Nursing. A group meeting was held at the ANA convention in Detroit; several mailings to interested alumnae were made, and a discussion period was set aside at Homecoming 1972. These meetings permitted Alumnae to meet with the Director of the School of Nursing and faculty members, express their concerns and learn of the Faculty plans and on-going activities to determine future directions of the School.

The Board continues to have before it some unfinished business items, which will hopefully be seen to completion in the new year. Tax Deductible status, name spelling change, dues increase, including a sound economic structure, are some of the items on the agenda.

In closing, I would like to take this opportunity to thank the officers and committee chairman, who have given their volunteer services in the past four years of my presidency. It has been a very worthwhile learning experience for me. A special voice of thanks is due Evelyn Lyons Lawlor, who faithfully serves our Association year after year. She has been very patient and understanding and an excellent "teacher", smoothing the operations of the Alumnae Association with her experience and expertise. "Secretary" is a mis-nomer for her position. In all reality, she gets my vote as a superb "Executive Director" for our Association.

I look forward to continued associations with the Alumnae, and to your cooperation so that together we can make 1973, indeed a Centennial Year long to be remembered.

—Beverly J. Thoren

### *Alumnae Secretary*

In 1952 we had 1,169 paid up members. In 1972, twenty years later our membership reached 1,604. During this time 2,160 graduated and we were notified of 433 deaths. This is an increase of only 435 members from a potential of 1,727.

In preparation for the School Centennial, the office staff has been endeavoring to keep the address lists up-dated. With over 800 changes during the year this is a time consuming job.

We have been very much concerned with finances. There has been some criticism of our forwarding the Quarterlies returned by the Post Office department. This procedure has been carried on for the past fifteen years as we did not want to lose these members. About two-thirds of our membership live outside the area and the only contact many of them have is through the



**Quarterly Record.** 76 Quarterlies were returned to us this past year which we were able to readdress. This cost the association in postage \$25.36.

The Best Printers who print our Quarterly do not address the envelopes. We were the only one who had used their addressograph machine and when it wore out four years ago, they felt that for one client it was not worth the expense of a new machine.

Before each issue of the magazine goes out, the changes of address are sent to our other printer and new plates are made. There is a lapse of from two to four weeks between the time envelopes are addressed and the Quarterlies are sent out.

The magazine is mailed directly from Best as the cost of shipping them back here to weed out the changes taking place in this period would far exceed the cost of remailing.

Some of the ways our membership could help us cut down costs are:

- a. By writing or printing their names and addresses clearly, as frequently we have address plates made up only to discover that they are incorrect and a new one has to be made at the cost of 21¢ each.
- b. Notifying us at least a month in advance of a change of address and including date change is to be made.
- c. Sending in a self-addressed stamped envelope for membership card saving the association \$128.00 in postage plus time.
- d. Telling their families or friends if they are forwarding the **Quarterly Record** to be sure to put on extra postage as the Quarterlies are not sent first class, and the postal department will just return them to the office.

The frequent Board meetings, typing agenda, minutes of the meetings and the correspondence of the president require a large portion of the office job. Meanwhile the routine correspondence, assistance to the treasurer, the Quarterly Editor, standing committees and classe representatives must be carried on.

Our aims for 1973 should be to stabilize our finances, increase our membership and work toward making the Centennial a complete success.

Without the willingness of our faithful volunteers, Miss Barbara Williams and Miss Reta Corbett, to do any job asked of them, and the cooperation and industry of Mrs. Robbins, the bulk of work in the office could not be carried out as it tends to increase each year.

— Evelyn L. Lawlor

### ***Recording Secretary***

There have been nine Board meetings and the Annual meeting during the past year. Board meeting have discussed many issues from finances to planning for the Centennial Celebration. Much of the years discussion centered around the financial affairs of the Association.

— Catherine Harrington Boyd

## *Treasurer's Report*

Balance on hand, January 1, 1972	\$ 2,060.31
Receipts— Dues	\$ 8,020.00
Fund Drive	8,646.87
Miscellaneous	13,579.31
(includes \$11,095.31 transferred from savings)	30,246.18
	<hr/> 32,306.49
Expenditures*	23,801.66
Balance on hand, December 31, 1972	\$ 8,504.83

\*For break down of expenditures, see report of Financial Committee

## *Supplement to Treasurer's Report*

### 1972

<i>Shattuck Fund</i> (Suffolk Franklin Savings)	
Balance on hand January 1, 1972	\$ 1,257.69
Interest	67.87
	<hr/>
Balance on hand December 31, 1972	\$ 1,325.56
<i>Lottic Potts Leland</i> (Boston Five - both accounts)	
Balance on hand January 1, 1972	\$ 1,497.81
Interest	81.14
	<hr/>
Balance on hand December 31, 1972	\$ 1,578.95
<i>Alberta Libby Fund</i> (First National Bank)	
Balance on hand January 1, 1972	\$ 426.17
Gift \$25.00, Interest \$1978	44.78
	<hr/>
Balance on hand December 31, 1972	\$ 470.95
<i>Special Fund Savings</i> (Boston Provident)	
Balance on hand January 1, 1972	\$19,813.37
Receipts and interest	916.24
	<hr/>
Balance	\$20,729.61
Disbursements: \$1,000.00 down payment on R.S. portrait	
8,000.00 transfer to checking acct.	9,100.00
	<hr/>
Balance on hand December 31, 1972	\$11,629.61
<i>McCrae Laon Fund</i> (Suffolk Franklin & Boston Five)	\$28,356.86
<i>Sally Johnson Scholarship Fund</i> (Boston Federal Savings & Loan)	\$ 7,453.12
—	Ann M. Cahill

## *Finance Committee*

### BUDGET REPORT 1972

	Estimated 1972	Received 1972	Estimated 1973
Membership Dues	\$ 8,000.00	\$ 8,020.00	\$ 8,000.00
Annual Fund	8,000.00	8,646.87	8,000.00
Income from Savings	1,000.00		1,000.00
Miscellaneous	2,500.00	2,484.00	750.00
Transfer from Bal. on hand	2,262.00		4,575.00
Transfer from Savings		11,095.31	
	\$21,762.00	\$30,246.18	\$22,325.00
	Estimated Misc. 1972	Received Misc. 1972	Estimated Misc. 1973
Homecoming	\$ 2,000.00	\$ 1,982.00	
Centennial			\$ 500.00
Gifts of Clubs	200.00	200.00	200.00
Gifts to S.J. Schol. Fund and McCrae Loan Fund with dues bills		10.00	
Postage & Sales		35.00	
Other	300.00		50.00
Gift 1972 Class		7.00	
Trans. McCrae Loan (share of auditor's bill)		250.00	
	\$ 2,500.00	\$ 2,484.00	\$ 750.00

### PROPOSED BUDGET FOR 1973

Budget	Estimated 1972	Actual Expenditures 1972	Estimated 1973
Secretaries & Tax	\$ 6,662.00	\$ 6,516.32	\$ 6,700.00
Petty Cash & Office	100.00	82.12	100.00
Unemployment & filing			200.00
Quarterly Record	5,950.00	6,605.02	7,225.00
Printing & Postage	1,500.00	1,508.88	1,500.00
Telephone	75.00		75.00
Auditor	200.00	750.00	350.00
Service	600.00	640.50	650.00
Fund Drive	700.00	605.98	600.00
	\$15,787.00	\$16,708.82	\$17,400.00
<b>Student Activities</b>			
Corsage & Flowers	200.00	170.00	200.00
Dinner	350.00	395.00	450.00
Ad in Year Book	75.00		
Class of '72 Misc.		30.00	
Scholarships	1,600.00	1,600.00	1,600.00
	\$ 2,225.00	\$ 2,195.00	\$ 2,325.00

## Meetings

Social Hour Deposit		98.12	100.00
Program, maid, refreshments	50.00	6.65	
Homecoming	3,000.00	3,595.47	
Centennial			2,000.00
	\$ 3,050.00	\$ 3,700.24	\$ 2,100.00
Alumnae Rep. to NLN	600.00	600.00	400.00

## Gifts and contributions

NLN Allied Agency			
Membership and Donation	100.00	100.00	100.00
Other Special Gifts		75.00	
	\$ 700.00	\$ 775.00	\$ 500.00

## Miscellaneous

Transfer to McCrae & S.J. Fund			
(paid with dues, '71, '72)		125.50	
Refund		2.00	
Expenses R.S. portrait		15.18	
Expenses of president		25.00	
ANA Poster		10.00	
Comm. of Mass. Div. of Empl. and filing fees		206.50	
Bank charges		38.42	
		\$ 422.60	
TOTAL BUDGET	\$21,762.00	\$23,801.66	\$22,325.00

— Rita Sidman

## Quarterly Record Committee

Publication of the **Quarterly Record** with the usual classification of articles and class news has been completed on schedule. The quality of the magazine has been maintained although prices of postage, printing, etc. have escalated comparable to commercial ventures. Plans for issues in 1973 are being formulated and additional assistance will be necessary. Thanks to Madalene Calogiro for continued cooperation.

— Judith H. Dougherty

## Program Committee

On Saturday, September 30, 1972, a panel of speakers discussed "Coronary Artery Bypass Surgery". The panel consisted of:

Eldred Mundth, M.D.

Mortimer Buckley, M.D.

Sandra Pfund, R.N., M.S.N.

Carolyn Bilodeau, R.N., M.S.N.

— Mary E. Caira

## *Report of the Nominating Committee*

The Ad Hoc Nominating Committee met to prepare the slate of officers for the coming year. Offices for whom candidates were needed were: President, Second Vice President, Treasurer, two members for the Board of Directors, and one Alumnae Representative to the Advisory Board of the School of Nursing. The committee was very pleased with the enthusiasm of the Alumnae members who were asked to run. We feel that the Alumnae should have a successful year with such capable direction.

— Catherine R. Barrett

## *Hospitality Committee*

The Alumnae Association Dinner for the graduating Senior students was very well attended and enjoyed by both students and Board members.

Homecoming in September saw 447 Alumnae members at the luncheon which honoured Miss Coughlin.

— Ena Chang

## *Service Committee*

During the year of 1972, this committee spent \$640 for flowers, cards and gifts.

At Christmas-time, 25 gifts were sent to shut-ins and 290 cards were sent out from Mrs. Lawlor's office.

— Grace Murphy

## *Annabella McCrae Loan Fund*

In 1930, \$500.00 was issued from the Annabella McCrae Loan Fund, the first of 69 loans made to date.

These loans have totaled \$28,505.00 a little more than our balance on hand of \$28,356.00. Up to 1960 we had loaned \$14,725.00 and since that time \$13,780.00, indicating the increasing usefulness of this fund.

We feel that the committee responsible for this fund handled it very wisely and were most careful in screening applicants. The recipients have done well in repayments of their obligations. We have only had two that have defaulted and one who is now in arrears.

The maximum loan provided is \$1,000.00. Sometimes a second loan to the same person is made at the discretion of the committee. There are now five outstanding loans. No loans were issued in 1972. We would like to see more of our graduates utilize this fund.

The purpose of the Fund is to provide loans to Alumnae members who wish to further their education in the field of nursing.

Interest is low and starts at the beginning of the second year and is 2% for the balance of that year with an increase to 4% simple interest on whatever balance remaining.

In the absence of a chairman for the Loan Committee the above report was compiled in the Alumnae office.

Balance on hand January 1, 1972 (Suffolk Franklin Savings Bank)	\$13,554.80
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Receipts:

Repayment on loans #63, #65, #67, #68	\$1,564.00	
Gifts	110.00	
Interest	780.78	2,454.78
		\$16,009.58

Disbursements:

Auditor's Fee	250.00	250.00
Balance on hand December 31, 1972 (Suffolk Franklin)		\$15,759.58
Balance on hand (Boston Five Cents Savings-90 day acct.)		11,919.42

Receipts:

Interest	677.86	677.86
		\$12,597.28

No disbursements

Balance on hand December 31, 1972 (Suffolk Franklin)	\$15,759.58
Balance on hand December 31, 1972 (Boston Five)	12,597.28
Total Balance on Hand as of December 31, 1972	\$28,356.86

— Evelyn L. Lawlor

## Sally Johnson Scholarship Fund

Balance on hand January 1, 1972	\$ 9,933.33
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Receipts:

Donations	\$ 32.18	
Interest	487.61	519.79
Total		\$10,453.12

Disbursements:

Scholarships:

Kathleen Dolley	\$1,000.00	
Jean Campbell Teague	1,000.00	
Barbara Teixeira	1,000.00	3,000.00

Balance on hand December 31, 1972	\$ 7,453.12
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\*\$100 donation received too late to show on 1972 report, will show on 1973.

There were 6 applications for the Sally Johnson Scholarship in 1972. Three \$1,000.00 scholarships were awarded:

Jean Campbell Teague .....	Class of 1955
Barbara Teixeira .....	Class of 1967
Kathleen Dolley .....	Class of 1969

The new Criteria and Application form as revised and approved for use in 1972 was utilized successfully. The process of selecting recipients was facilitated as a result of the revision.

— Dorothy Mahoney, Chairman

— Carolyn Thayer

— Carolyn Wortman



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# News Notes

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The September 1972 issue of *Pulse* reported that Northeastern University had received a \$489,867 contract award from the Department of Health, Education and Welfare to support a special project to prepare pediatric nurse associates.

Funded for three years, the project is being directed by Priscilla M. Andrews, class of 1944. It is offered by Northeastern's College of Nursing in association with the Center for Continuing Education and in collaboration with the Children's Services at MGH.

Miss Andrews, a recognized leader in pediatrics, is the former nursing

director of the pediatric nurse practitioner program for MGH and the program at the Bunker Hill Health Center. She has also served as assistant professor and chairman of the maternal and child health department at Boston College.

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## **Note from the Alumnae Office**

The staff of the Alumnae Office wish to thank the members of the Class of 1920 for the beautiful water-color Seascape, painted by Marilyn Costello Lehmann, class of 1945, which they have presented to the Alumnae Office.

All alumnae are welcome to come in to view it when in the vicinity of the hospital.

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## Summary of Annual Business Meeting

*Annual Meeting* — January 30, 1973

Present: 26 members, 13 board members and 13 other members of the Alumnae.

1. Secretary's and treasurer's reports read and accepted.
2. President read her annual report.
3. Alumnae secretary reported 1604 paid members in 1972. She suggested some ways to save unnecessary postage charges.
  - a. Early notification of change of address
  - b. Clearly printing address on correspondence
  - c. Send stamped self-addressed envelope for membership card.
4. Reports of Standing Committees
  - a. Financial Committee — reported drastic increase in costs over past

3 years. This brought a lively discussion pro and con about proposed increase in dues.

Suggestions came from floor for reducing expenses: no free dues for graduating class, cut down on class news in Quarterly, use thinner weight envelopes for Quarterly, everyone pay for luncheon at Homecoming, Membership drive offering incentives for graduates to join the Alumnae.

- b. Quarterly Record — reported increase in price of printing.
- c. Annabella McCrae Loan Fund — \$28,356.00 on hand. Question from floor regarding possibility of using interest to defray expenses in other areas. No decision — suggestion to review charter of Loan Fund.
- d. Sally Johnson Scholarship Fund — \$7,453.12 in fund. Four applicants for this year.
- e. Nominating Committee — slate of officers presented. 733 ballots cast, 17 blank, 13 invalid.

*President* — Margaret Harrington Anderson '47

*2nd Vice President* — Barbara Browne Doherty '55

*Treasurer* — Ann M. Cahill '45

*Board of Directors* — Adele L. Corkum '34, Beverly Thoren '52

*Representative to S.O.N.* — Mary Jane Nassar StAmour '59

Vote taken on previously discussed increase in dues. Motion made to increase annual dues from \$5.00 to \$10.00 in 1974. Motion carried by majority vote of those present (22 to 4).

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## *Summary of Minutes of Meetings*

### **December 7, 1972**

- 1. Minutes of previous meeting and treasurer's report accepted.
- 2. It was reported that Marie Scherer Andrews has been seriously ill and a patient at New England Baptist Hospital. She has been discharged from the hospital and is now at home.
- 3. Centennial Committee — Miss Cahill
  - a. Need to establish fees for the three days was discussed.
  - b. Assignment of office space has been made by Miss Petzold.
  - c. Question of finances — School has requested \$4,000 from hospital, but no reply received. Should a request be made for financial support from the Endowment Fund?
  - d. Publicity — notice of Centennial to appear in AJN and Nursing Outlook. In February 1973, R.N. will have an article on MGH.
  - e. Further discussion of finances — mailing costs and secretarial help.



It was decided that the Alumnae should take responsibility for purchase, sale, etc. of the commemorative cup and saucer.

4. Centennial Review — Miss Perkins

How many copies should be ordered and what charge should be made?

- a. 2760 responants to study, 3600 known addresses.
- b. The Review will contain 250 pages with 10-15 tables, 4-5 graphs and about 10 pictures.
- c. It will be on first class opaque paper with stitch-back binding in good plastic or synthetic cover.
- d. Initial cost is \$10,900 (3000 copies) or \$3.60 per book. Each 500 additonal copies will be \$700.
- e. There was discussion about cost of mailing. There was a suggestion of \$3.60 as cost to respondents, and \$6.50 as publication price.

Decision made to order 4000 copies.

5. Endowment Fund Committee

- a. Committee to work on proposal for financial assistance, for presentation to Trustees on Feb. 1, 1973.
- b. Dr. Sanders needs background information on fund and requests.
- c. Need for a substitute member from the Alumnae to replace Mrs. Andrews. Miss Thoren was suggested.

6. New Business

Slate of officers for 1973 presented and accepted.

## February 14, 1973

### *Board Meeting — February 14, 1973*

1. Minutes of previous meeting and treasurer's report accepted.
2. Centennial Program — Mrs. Caira  
Report on progress. Theme is "Social Impact of Nursing", with speakers of international and national interest, alumnae and non-alumnae.
3. Quarterly Record — lengthy discussion with Mrs. Calogiro, editor present. Following action taken:
  - a. Motion made and carried to accept with thanks report of need to update Quarterly Index, but to table action this year, in lieu of Centennial planning and expenses.
  - b. Motion made and carried to change seasonal labeling of issues to be more closely related to publishing schedule. This would make February issue, the Spring issue; June-Summer issue; September-Fall ssue; December the Winter issue. Volume sequence will not be disturbed.
  - c. Motion made and carried to eliminate application blank for membership; publication of names of officers etc. once a year, just after annual election; list graduating class each year by names and hometown only (previously included addresses which were obsolete shortly after graduation).

- d. Suggestion made that all 1973 issues of Quarterly be called Centennial issues.

4. Old Business

Draft of proposal to be presented to Endowment Committee on February 23rd was read. Proposal asks for \$14,000.00 (additional for publication of Centennial Review.) Motion made and carried for Alumnae support of proposal. Miss Thoren asked to fill in as substitute member on the committee in Mrs. Andrew's absence.

5. New Business

- a. Senior Dinner — Tuesday, April 24, 1973 at 6 P.M. in Doctor's Cafeteria.
- b. N.L.N. Convention — Mrs. Anderson to be Alumnae representative to convention in Minneapolis in May, 1973. She will make plans through Alumnae office for the social events for MGH Alumnae and friends attending the convention.



## In Memoriam

- 1908 Jean MacRae Barrington on February 27, 1972 in St. Louis, Mo.
- 1923 Rose Griffin on December 12, 1972 in Norwood.
- 1923 Helen Pearson Thompson in 1972 in Wollaston.
- 1923 Maude Wren (date not known) in Lincoln, Maine.
- 1929 Marie Smith Hamilton on February 10, 1973 in Pascagoula, Miss.
- 1937 Virginia Stilphen Wing on June 16, 1972 in Brevard, Fla.
- 1938 Evelyn Franzen Hillstrom on January 20, 1973 in Holbrook.

# News... of the Classes

## 1908

We have been notified of the death of JEAN MACRAE BARRINGTON on February 27, 1972 in St. Louis, Missouri.

## 1920

Barbara Williams  
6 Craigie Circle  
Cambridge, MA 02138

The class extends its sympathy to BARBARA BENNETT ZAHNER on the death of her husband in November. He had been head of the English department at Groton for many years. In 1953, Barbara wrote for the *Quarterly Record* a most interesting account of his sabbatical year which they spent in Beirut, Lebanon.

## 1922

We extend our sympathy to the members of the class on the death of three of their members. We have been notified of the death of ROSE GRIFFIN on December 12, 1972 in Norwood; HELEN PEARSON THOMPSON in Wollaston during 1972, exact date not known; and MAUDE WREN in Lincoln, Maine, no date.

## 1929

MARGARET HAMILTON has notified us of the death of her sister-in-law and classmate MARIE SMITH HAMILTON. Mrs. Hamilton died on February 10, 1973 in Pascagoula, Mississippi following an

auto accident. Mr. Hamilton suffered multiple injuries and was hospitalized but was to be transferred to the Bon Secour Hospital in Methuen, Mass. Mrs. Hamilton had been an operating room nurse at Bon Secour until her retirement two years ago. We extend sincere sympathy to her family and classmates.

Of herself, Miss Hamilton says she does private duty nursing occasionally, had relieved in the Orthopedic clinic at MGH, and had been asked to relieve at Logan Airport, but turned that offer down.

## 1934

We have learned that HELEN MULHERN CARNEY was elected and is secretary to the Board of Selectman in Dedham. This is the first time that women have served on the board. Two women were elected this year.

\* \* \*

Hendrika Vanderschuur  
95 Circuit Street  
Hanover, Mass.

This will be the last entry I will be sending as Class Secretary. I have found no one willing to serve in this capacity to replace me. I have tried to do it for about eight years and if it is to be carried on, it will have to be someone other than myself. Anyone interested? — please notify the Alumnae Office.

Last year I mailed about 35 cards asking for news and received about 8 replies. This year I sent the same number and did far better so have

composed the news.

EVA (Dutchy) BELCHER CHANDLER — is still School Nursing in the Natick School System and is seriously considering retirement this year. She lost her husband suddenly last year. She hasn't been feeling too great but has been found to have an overactive thyroid. An atomic cocktail is hoped to be the answer to that problem.

LOIS COWELL ANDERSON — has for several years been settled in Babson Park, Florida where both she and her ex-serviceman husband are enjoying retirement — busier than ever. I hope to spend a week with her this Spring. New England beckons them in the summer as they are contemplating purchasing some property in New Hampshire for summer living.

LOIS BEECH HACKETT — is still working part time with an oral surgeon. She and her husband live on a houseboat and do enjoy marine living. Her son, married, is attending law school while her daughter teaches school. Lois was in Boston this past Fall and was amazed at the external changes which have taken place at M.G.H. Wait until you get inside Lois.

MARION BATES — continues to be with the Student Practical Nurse Program which is now totally M.G.H. sponsored. This was the former Shephard Gill School of Practical Nursing. She spends her time commuting between the school on Newbury Street and the M.G.H. She has now been associated with the M.G.H. on a permanent basis for about 30 years. She certainly is an unstable person when it comes to

holding down a job.

ADELAIDE RICE BROWN — has been traveling considerably this past year. She visited East Africa in the Spring and Portugal in the Fall. In between she managed to get her two sons married which leaves her free for more travel.

AILEEN COOKE ORR — remarried this past year and still lives in Laconia. I believe she is no longer teaching. Aileen received her Certificate of Advanced Graduate Studies from B.U. a year or two ago.

MARY DRISCOLL SMITH — writes happily that Ejay, her son, has graduated from Harvard Business School and was married this summer. She is still living in Hartford, Connecticut but hopes to get out of New England for part of the Winter.

JEANNETTE DURGIN ROCKWELL — lives in Portsmouth, New Hampshire but is joining the rest of our Class in Florida this Winter. She retired last year after working for 16 years for the same physician. She and her husband, who is also retired, are finding their life busier than ever. Jeannette has twins, one girl, an M.G.H. graduate; a boy who is an engineer. Her oldest son is married to an MGH Grad and there are four daughters in this family. Looks like there could be more nurses coming along. The twins each have a son. Sounds like a nice family for Jeannette to be proud of.

GLADYS FARREN — continues to live about ten miles from me and I still haven't accepted her invitation for dinner. She is still with the V.N.A. and going strong. One of these days we may meet at a District

III Meeting.

DOROTHY KENISTON CHAMPIGNY — has fully retired but again busier than she ever was when she was doing anesthesia. She attends crewal classes, the Garden Club, the Women's Club — Church Associations, etc. She visits us in New Hampshire about once a month and we manage to keep pretty well in touch. Her daughter, Heather, obtained her Masters from B.U. this summer and is working in the Holbrook, Mass. School System. She is looking forward to her husband's retirement from the Postal Department in a year or so.

ELEANOR LEE — dropped me a card but gave me little information about herself but did tell me that MILLICENT KINNEAR WATSON had been in a car accident in May and was hospitalized for some time. A card from Millie states that she returned to work in November but was still limping from a fractured leg. She too is looking forward to a nice warm climate. The list is getting longer. I guess they'll have to expand Florida and California for tired, cold M.G.H. grads.

CATHERINE (Sue) McGARRY — continues to work at Morton Hospital 3-11:30 as charge nurse on a surgical unit. I don't see her as often as I might but do manage an occasional greeting in the corridor or nursing unit.

FLORENCE SMITH MORSE — is living in a mobile home in Anaheim, California and loves it. Her three daughters are married. Only one lives near enough for Florence to see very often. She continues to do anesthesia and seems to be very

busy. She was in Boston a year ago and we were able to visit a few days. She was involved in the earthquake which they had two years ago and was thrown about considerably suffering some shoulder injury. Her eventual goal is a small home near her daughter in Hawaii.

MARY I. SMITH KIDD — is still working every day on an I.V. team in California. She enjoys this very much. She has her 97 year old mother living with her. Still very alert and keen.

I did not hear from BERTHA COSKIE PROCTOR this Christmas but she was in Boston this summer at the graduation of her son from Harvard. She visited with Dot Champigny for an afternoon.

MILDRED PURTILL dropped Marion Bates a card. She has been out of nursing for many years and working in an office. She writes that she is retiring next year.

A letter from LINDSEY HAIL COX last year states that all of her daughters are married and have flown Cox's Roost. Lindy keeps her hand in nursing by doing such things as Camp Nursing occasionally. They were hoping to move back to Mississippi.

ELEANOR MURCH LORENZ — has been doing Private Duty for sometime in Salem. She keeps otherwise busy with her church activities and hobbies such as ceramics.

KATHERINE DRAKE HOWARD — finally came out of hiding. I had written several times with no response so was delighted to get her address in Guilford, Maine. She is married to a G.P. who is trying to cut down on his practice. Kay has



a son and two daughters. Both girls are nurses, one an MGH Grad; the other from Westbrook College School of Nursing. I hope we'll hear from her again.

I am still trying to direct the Nursing Service at Morton Hospital in Taunton. This Spring, shortly after returning from a Florida vacation, I had a bout of congestive failure with pulmonary edema. This confined me to the hospital for a month and home another three months. I am now back at work, somewhat limited in activity due to severe angina but otherwise doing quite well and hoping to be able to carry on for a while longer.

I hope someone in our class who has retired will take over the "secretaryship" so that the Class of September 1934 will not be lost by the wayside.

### 1937

We have learned of the death of VIRGINIA STILPHEN WING on June 16, 1972 in Brevard, Florida. No details are available.

### 1938

We have been notified of the death of EVELYN FRANZEN HILLSTROM on January 20, 1973 in Holbrook, Mass.

### 1941

EDITH MILES PORTER has sent us a new address. The Porters lost their lovely home in Milton by fire on Labor Day weekend. Fortunately no one was hurt but the house was lost. They have taken an apartment in N. Quincy at the "Quincy

Commons". The address is 40 French St., Apt. 41.

### 1943

We received a very nice thank you note from Helen Brown, sister of JESSIE BROWN. Jessie has been a patient at Hillcrest Nursing Home in Fitchburg, Mass. for three years. She is up in a geriatric chair daily, but has not walked in over two years, is unable to talk or feed her self. She eagerly awaits news from MGH and would enjoy hearing from classmates. (Jessie can't make the Centennial, but you could make it a 30th reunion party for her if every classmate, both sections, sent her a card and note. Ed.)

### 1959

#### March Section

Mary Flannery Caira  
18 Wheeler Lane  
Watertown, Ma 02171

GAIL KENT CLEMMER and family moved to an old farm house in November. Gerry is now working in Valley Forge. The new address is 920 Boot Rd., West Chester, PA 19380. JUDITH PALMER MUGGIA also has a new address. She is back in Massachusetts and living at 14 Dartmouth St., Winchester 01890.

ROSLYN RUGGIERO ELMS and family spent eight months in Ireland. Their Christmas greetings were pictures of their trip. ROBERTA FITZGERALD SNYDER visited Roz in Ireland. Dick travels a great deal, and sometimes Bobbi goes along.

MAXINE CLARK HYBARGER has developed some damage of the fifth cranial nerve but has returned to school. Gerry had a spinal fusion, and will soon be out of his cast.

I saw BARBARA KING HEMINGWAY recently for a few moments. She had returned from a trip to Africa.

I have little news to report, we are all well and busy. As you know, this is our 15th Anniversary year, as well as the Centennial year. And, I need help. The dates for the Centennial are Fri-

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day, Saturday and Sunday, September 28, 29 and 30th. Class reunions will take place on Friday, September 28th. I will be busy with the program for the Centennial and unable to set up the reunion. We need someone to run the affair, I hope someone in the vicinity will respond. See you in September, 1973.

1959

September Section

Patricia Friss Newham  
2107 N. Oak Lane  
State College, PA 16801

Christmas has come and gone — two months ago and I'm just now getting my cards sorted and letters answered. First, some address changes for your files: PHYLIS HARVEY SMITH (Mrs. David), 249 E. Pleasant St., Amherst, Mass. 01002; ALICE MCCRAITH TURIELLO (Mrs. Harold), Timberlane, Apt. C-4, Appleton Park, Ipswich, Mass. 01938. Alice writes, "We love it here in Ipswich. The girls are happy and well. Hal is working on his second book. I am finishing up my thesis and will have an M.S. in the spring."

CAROL FRENCH PUBLICOVER (Mrs. Gerald), 2220 Deloraine Tr., Maitland, Florida, 32751. Carol sent me a lovely photo of her four girls and son. The children are sitting in front of a winter landscape painting, undoubtedly to remind them of the con-

trast between New England and Florida winters! The Publicovers moved to the sunshine state in April. They find the area an interesting one — fast growing and great for outdoor activities. Jerry has his own electronics business and is doing very well. Carol is not working, so she and the children are enjoying their large new home and outdoor pool. They live quite near Disney World. Carol says she would love to see any of you who are visiting there.

When I called Carol from Gainesville, U of Florida, in mid January, she was just recuperating from the flu. I was sorry we couldn't get together, Carol, but it was so nice to chat with you. Bob, Rosemary (3) and I were there for a week while Bob attended a conference. I loved every minute of sunshine and blue skies! Randy (7) stayed home with gram and gramp to attend first grade. We didn't get to Disney World, but we did see Rainbow Springs, St. Augustine and Marine-Land.

CAROL said PAT SMETHURST PERRY worked nights with her when she was at Phillips House. Pat has three boys and a "beautiful baby girl who must be toddling into everything by now."

I received cards without messages from PHYLLIS HARVEY SMITH,



ESTER CROSSMAN HALL, and KATHY GLENDENNING JONES. MARY JANE NASSAR ST. AMOUR and JANE HARTWELL are wondering about our class involvement in 100th anniversary activities — any ideas???

BARBARA FRANK KNAPP writes, "Linda is now 8½ and her interests revolve around swim team, ceramics, and piano lessons as well as Blue Birds and other 3rd grade activities. David, 6, is in kindergarten and loves his guitar and anything mechanical. Diana, 3, is in pre-school two mornings a week. Her red-headed stubbornness shows up as she attempts anything the others do." (Sounds like my 3 yr. old, Rosemary!) Bunny and John visited Guatemala and explored Mayan ruins in Feb. 1972. This Feb. they plan a trip to the Bahamas. Bunny is helping to establish a "well-elderly" clinic, does Red Cross volunteer work, is on the Public Health Nursing Board of Directors, is an assistant Blue Bird leader and teaches Sunday School. What did you say about your "spare" time, Bunny?

MARY FURBER RAYMOND had all her children in school this year. Mary Beth is in 7th grade and active in Cadet Scouts, works at the school library and takes figure skate lessons. Mark, in 4th grade, enjoys hockey and Cub Scouts. Danny, the active first grader, chases "Panda", the cat, around the house. Mary likes her work as OB-GYN office nurse, two days in Haverhill and two days in Amesbury. News of other classmates, gleaned from Mary's letter: MARY MCCARTHY PERRY is expecting a baby in April. Her boys are 8 and 11. She works at ICU in Salem Hosp. JANE HARTWELL is outpatient supervisor at Pondville Hosp. JACQUELINE FLYNN visited Tokyo, Hong-Kong, Singapore and Hawaii this past year. Sounds marvelous! Where are you working, Jackie?

LUCILLE BAKER HOFER and husband Bob are both teaching and enjoying it. Lucy likes living in the country, gardening and being near the Adirondacks. They climbed 23 of the 46 High Peaks last summer. (Oh, my aching muscles! You must be in superb shape, Lucy!)

DIANE FLOYD BAKER and family are contemplating a move from snowy Maine. Her three golden-haired girls

are busy with many activities. Dale plays piano, skis, writes and paints. Meredith, first grade, eagerly participates in Community Art Classes. Susie attends nursery school and sings to her dolls as she plays "dress-up". During summer vacation the Bakers visited friends and relatives in N.Y. from Lake Champlain to Manhattan.

We Newnhams are busy and happy in our remote Pennsylvania town. Randy loves first grade but is greatly missed by Rosemary. Over the Christmas holiday we spent 10 days with my family in Conn., then, as mentioned, had a week in Florida in January. It is hard to believe that winter is almost over since it has never really begun in gusto here this year — Hurrah! I look forward to hearing something from someone about a possible get-together at the Centennial Celebration in Sept. 1973.

The Alumnae office has received a change of address from DIANE FLOYD BAKER. Diane said that Don is to be the pastor of the United Church of Christ in a suburb of Utica, N.Y.; New Hartford, of which Washington Mills is a part. There is a lovely parsonage with an office in the church rather than the house. Diane plans to work part-time, and has a choice of four hospitals. The address is

1962

Noel Willard Kane  
P.O. Box 207  
Madisonville, Kentucky 42431

I have my Quarterly Record in my hand, and think that it's appalling that there's no news from the class of 1962. If you need a corresponding secretary, I'll be glad to do it.

I have seen HANNAH WARD NILES, who is now divorced, and living with her three beautiful tow-head children at 3-B College St., Middlebury, Vt. PATRICIA PARKER HOEFLE lives at 600 Hylan Blvd., Staten Island, N.Y., and just had a big fat redheaded son about eight months ago. Her husband is an ophthalmologist in Manhattan. SUE SANDERS PARK, a widow, is back from Rome with her four year old daughter, Kirsten. BENITA SHATZ BAVARIA has two children, and is married to a serviceman (an A.F. Capt.), who is back safely from Vietnam and Thailand. After

Arkansas and Tampa, she is now in California.

Life in Kentucky, while new, is amusing. When you go to places like San Francisco or New York, and try to cash a check, for instance, the first thing the bankers seem to do is look over the counter to see whether you have shoes on! Not **everyone** in Kentucky is a hillbilly — it actually just seems that way. While every one has air-conditioning — because it's so hot — the standard of living seems atrocious. This is mainly because of the poverty of the miners in the nearby hills — Madisonville is 50 miles north of the Tennessee border — but because of the looks of the ravages of strip mining, truly a blight on the country side . . . Wate Howe Altman, once a member of the class of 1963, is here in Madisonville, with her five children and husband Ben, who is an internist at Hopkins County General Hospital. She met him on White 6 in 1959, when he was doing scout work as a Harvard IV Med Student! The best part of Madisonville is in knowing that we can always hop over to "Dawson Springs International Airport" (Town pop. 1230) and "jet" home. (Yeah — on an Ozark-Hillbilly Airlines Piper Cub ) C'est la vie.

**(We have three more notes for this issue Noel. Thank you for your offer to help — we need all the help we can get. Ed.)**

MARGUERITE GARRITY FINNEGAN, 225 Fir St., Park Forest, Ill. 60466; finds it hard to believe that it is ten years since graduation. She has two children ages 6 years and 1 month. Husband, Jack, is a history professor at one of the universities in Chicago. Last year she said she worked with the Illinois Drug Abuse Program as a nurse in a therapeutic community with 40 residents ages 13-22. She conducted a lot of encounter groups and learned some sensitivity; found it a most exciting and challenging job. Marge keeps in touch with MARY CHASE TAYLOR and her husband and two children. They live just thirty miles from the Finnegans. She would like to hear from SHEILA GILL HUGHES. Does anyone have her address?

Our second note is from MARTHA PHENISTER FORBES who has moved 9 times in the past ten years, has owned 7 houses, lived in 5 states including California, has 2 sons — ages 9½ and 6½; and has finally come full

circle and is back in Wellesley. Ted has his own hospital supply business — the Auto-Sutur stapler is his biggest item. He is also "scrubbing" daily and loves the O.R. Martha would like to hear from classmates and is trying to locate MARGARET MARX AIKEN. Martha's address is 42 Madison Rd., Wellesley Hills 02181.

THELMA WELLS has sent us a new address and news of her activities. She says she is half way through her 6 month initial survey period and is writing up various project. She is doing research into geriatric nursing care problems in a 400 bed unit. The unit is spread over four geographical areas amongst the other 800 hospital beds. She says it is a large task to survey that huge area but the large sample and various work conditions give an ideal research medium. Thelma seems to be enjoying every moment of her experience in England but find the weather something less than pleasant. Her address is now: Flat 3, 411 Wilmslow Rd., Withington, Manchester 20, Lancashire, England.

#### 1965

Susan Harphem  
135 Quincy Avenue  
Quincy, MA 02169

MARY MENDES DYER is living with her family in Downers Grove, Ill., and awaiting the completion of their new home. They have one son, Scott age 3. Larry is project director of the water quality program.

FLORA (Trudy) MCDUGALL MC-LAUGHLIN, Bill and their three children are living in N.J. Bill is an engineer with N.E. Telephone. ARLENE (Bunny) MC-LAUGHLIN KEANE is living in Chicago where Jim is in Law school. They have two children, a girl age 3 and a new son.

I have been working in the Burnham 6 pedi ICU for a year, after spending four years in pedi at U.C. Medical Center in San Francisco. Am planning an extended trip in the spring.

#### 1966

Diane Purdy Murphy  
2 American Way  
Townsend, MA 01468  
Margaret Maloney Hersom  
39 Castlewood Drive  
Billerica, MA 01821

Having been disappointed in the last two issues of the Quarterly, we

decided to write and have our class represented. SUSAN MCGLEW DEMPSTER and Tom have just bought a house in Lusby, Maryland. They were married in Sept. 1969 and Sue is planning to go back to work again now they are settled.

BRENDA MOLLOY KENNEDY and Brian have been living in Barre, Vt. for four years. They have two girls, ages 4½ and 3 years. Brenda has been retired from nursing since her first girl was born.

The last we heard ASTRID PETERSON SWANSTROM was in the six year Medical School program at B.U. MARIANNE TERNULO HALL had been living in Belmont. She graduated from B.U. and has two children.

MARY MILANI works at MGH in the emergency ward and is living on Beacon Hill. THERESA HESSION SORENTINO and Peter have bought a house in Newton. They had their first baby, a boy in April 1972, at BLI.

MARGARET MALONEY HERSOM and Paul have been married since Jan. 1968. Peggy worked at St. Elizabeth's for 1½ yrs., then in an extended care facility in Newton for 2½ yrs. After buying their home in Billerica she worked in the recovery room at N.E. Memorial Hospital until the birth of Michael in May 1972 at BLI. DIANE PURDY MURPHY married Frank in Nov. 1969. Frank is a state trooper stationed in Athol. Diane worked at Newton-Wellesley Hospital for 4 years. Christopher was born in April 1971 and Deborah Ann in March 1972. Diane is now retired from nursing, enjoying her family and the new home they bilt in Townsend.

We received the following letter from ROTA KVELUMS KRAPE.

"I have been disappointed in the lack of news from our class so I decided I better do my share.

"After leaving M.G.H., I donned my Air Force uniform and was stationed at the Air Force Academy Hospital where I worked in pediatrics. There I met and married a corpsman. After my two year stint, I stayed on Active Reserves and worked in OB my one week-end a month. Full time I worked evenings at the civilian hospital in ICU-CCU.

"In August of 71, I joined my husband in Wakkanai, Japan, which was a small, isolated base on the northern most tip of Hokkaido. (On a clear day

we could see Russia) At Wakkanai, I worked as a school nurse for kindergarten- 10th grades. This was mainly a teaching position with applying bandaids and soothing hurts as "extra". While there, we managed to go to Sopporo to see some of the Olympic events. When the base closed down, we moved down south to a little more civilized area called Misawa. This air station is in the northern part of Japan's main island — Honshu. In May 72 (on Mother's Day), our first child was born. Kristin arrived after a very short (3 hour), easy labor. In Sep., I started work as the high school nurse (grades 7-12). My job is mainly giving first-aid with much of my time devoted in counseling students, doing referrals and talking with parents. Part of my time is spent helping teachers with health courses, teaching sex education, and in extra-curricular activities such as weight watchers for teens and Red Cross. As if all this wasn't enough to keep me busy, I volunteer two mornings a month to Pediatric Clinic where I perform well baby physicals. Fantastic learning experience! Also I teach an early pregnancy class to expectant parents.

"We are looking forward to returning to the States next July at which time my husband and I will return to school. I occasionally receive a letter from Angie Pasinski Osterroth and less frequently from Laurie Wilson Gibson. Would very much like to hear from the rest of the class."

1967

Claire Stone Steward  
29 Bus Road  
Salem, N.H. 03179

Congratulations to SUZANNE FALVEY MCCARTHY and Billy! They had a daughter, Rachel Ann, December 20, 1972 at BLI. Guess who the Student Instructor in the Delivery Room was? GAIL COOK. The McCarthy's also have a new address — 62 Peach Orchard Lane, Burlington.

Congratulations also to TERRY MAHAN who is now Mrs. Joseph Bat-tan.

We've enjoyed some nice visits with EILEEN THOMASCH recently. She has taken up skiing on her days off and is looking forward to her vacation in Hawaii. ANDREA CONNOR has also been skiing, but in Aspen, Colorado.



MARYLOU DAHL WELCH and John have returned from Europe. John is doing a 3 month rotation in Lynn. Then they plan to return to MGH. PATRICIA FERGUSON DON-EHOWER and Tony and their son Weston are planning to settle in the Philadelphia area following 3 months in Delaware.

In December, Robert did some flood relief work in Wilkes-Barre, Pa. He took the opportunity to visit SUE SPILMAN PAPPAS and John in nearby Easton. They were excited about their LaMaze classes for their second child due a week later. John and Sue are enjoying the challenge of renovating a farmhouse in the country. GRACE (Betsey) STEWARD PED-NEAU and Mike are expecting their first baby in August.

We are fine and looking forward to Spring and news from friends.

#### 1968

Ruth Bowdoin Balboni  
6 Redwood Mews  
E. Walpole, MA 02032

I have left my job at BCH and now work part time for a temporary agency. I enjoy having more time to myself and am again planning to attend Univ. Mass this fall to major in biology. My husband, Chris, and I are going to French Guadeloupe in March for a week.

EILEEN RICE CHABACZ had her second son in November. She and Rick went to LaMaze classes. ELIZABETH GONSALVES MAKI is expecting a second child. BARBARA REP-PUCCI CASARANO is awaiting her third child in March and GAIL KNOWLTON GLASS awaiting her second.

Just before Christmas I received a long letter from GAIL SHEPARD RILEY, Mason Rd., N. Conway, N.H. 03860. She said that David graduated last June and they then went to Europe for a month. David was accepted into the Conway school system and is teaching 7th and 8th grade social studies and English. Gail is working at Memorial Hospital three days a week. It is a 45 bed hospital and Gail is doing EKG's, IV's, LT's and many unexpected things. They live practically at the base of Cranmore Mt. so Gail has done some skiing this winter. She said she has heard from SANDRA CORBETT MOORE who is living in Hingham.

SANDRA CORBETT MOORE works part time at the South Shore Hospital, is an active member of the Ruth Sleeper Chapter of the Alumnae Ass., is a member of the Centennial Committee; and is expecting her second child in June. (Ed.)

#### 1969

Jane Stowell Adams  
11260 Chestnut G. Sq.  
Reston, VA 22090

I was married on August 11, 1972 to E. Lawrence Adams. I will graduate from the University of Virginia in February with a BS in Nursing.

Two of our classmates have been living in Charlottesville, Va. LEIGH DOW has graduated from the Univ. of Virginia and is now a head nurse in the ITC at the University Hospital. CHRISTINE PATTERSON is working toward her degree at the Univ. of Va.

MARY GALLANT OBREITER and her husband was at our wedding. They are still as enthusiastic as ever about life, love and people. They have bought a home and are living in Barrington, R.I. CHERRYLL STAN PEL-TAK and her husband were at the wedding. Cherryll was a bridesmaid. They are fine and have a beautiful daughter, Lori Ann, who was two in August. CELINE POIRIER MANI was also there. She and Paul were married in May 1972. They live in Boston, Paul is working toward his masters.

Rev. and Mrs. Amussen attended the wedding too. Mrs. A. gave a lovely party for me in July. Several of us know what a joy it is to be entertained at the Amussen's home. I just want to mention that besides being a popular chaplain at MGH, Rev. Amussen sure can dance!

#### 1971

Gayle Croll Hylan  
1 Heritage Drive  
Salem, MA 01970

I am finally back to work after recuperating from a laminectomy on March 20, 1972. I am working in a surgeons office, enjoy the work but long to be back in ICU nursing. Maybe I'll be able to teach in an ICU setting after I get my degree and the back is stronger.

JANE SHATTUCK FOX had a second daughter in November. They are living at 14 Vine St., Tilton, N.H. 03276.

I am anxious to contact KATHLEEN

DEADY (1968). Does anyone have her address?

We have received the announcement of the marriage of SANDRA GEISLER to Dr. Richard Banyard on January 20, 1973 in Portsmouth, Va.

#### 1972

We have received the announcement of the marriage of MARY LOWTHER to John Dudley on December 9, 1972. They are living on Epping Rd., in Exe-

ter, N.H. LINDA PATCHETT was married to Dr. James Morgan on November 4, 1972. She is working in pediatrics and living in Chicago, Ill.

We have received a change of address from PAULA O'BRIEN CONNORS. They are now in San Diego, California because of her husband's naval orders. Paula is unemployed and loving it, and enjoying the California weather. Her address is 7930 N. Mission Center Court.



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# THE *Quarterly Record*



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November, 1873

*Centennial Issue*

*Summer 1973*



THE  
*Quarterly Record*

OF THE  
MASSACHUSETTS GENERAL HOSPITAL  
NURSES ALUMNAE ASSOCIATION, INC.

This Magazine is Published in the Spring, Summer, Fall and Winter

## **Sally Johnson Scholarship Fund**

The Centennial Year Celebration is a very happy occasion. Nationwide it is a time of challenge and change in nursing. I think we are all aware of the funding cuts, at the federal level, for nursing education. One of the happy tasks of our association is providing funds for alumni who wish to continue their education. This year we have again awarded three scholarships of \$1,000 each from the Sally Johnson Scholarship Fund.

Now the unhappy part is that this fund will only be able to operate one more year unless we receive money for this worthwhile venture.

This is a plea for contributions to be made directly to the scholarship fund, so that we may continue our service to graduates of the MGH School of Nursing.

Contributions to the Fund should be sent to: Miss Dorothy Mahoney, c/o Alumnae Office. Make checks payable to the Sally Johnson Scholarship Fund.

**Margaret Harrington Anderson**  
**President**

### **OFFICERS OF THE SICK RELIEF ASSOCIATION**

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#### **ALUMNAE OFFICE HOURS:**

Tuesday & Wednesday, 9:00 a.m.-3:00 p.m. — Thursday, 10:00 a.m.-1:00 p.m.

Telephone: 726-3144

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#### **WHERE TO WRITE**

Contributions to the Loan Fund and Requests for Loans: MISS ELEANOR BAUER, c/o Alumnae Office. Make checks payable to the Annabella McCrae Loan Fund.

When Someone is ill: Alumnae Secretary, Bartlett Hall, 34 Blossom St., Boston, Mass. 02114.

Sick Relief Application and Dues: MISS MIRIAM HUGGARD, Phillips House, Massachusetts General Hospital, Boston, Mass. 02114.

Requests for Membership, Alumnae Dues, Changes of Address and General Information: MRS. EVELYN LAWLOR, Alumnae Secretary, Bartlett Hall, 34 Blossom St. Boston Mass. 02114.



# THE QUARTERLY RECORD

OF THE  
MASSACHUSETTS GENERAL HOSPITAL NURSES  
ALUMNAE ASSOCIATION, INC.

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VOL. LXIII

Summer 1973

No. 2

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*Subscription to the Magazine is included in the dues of the members of the Association*

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All communications for insertion in the *QUARTERLY* can to be sent to the  
OFFICE OF THE ALUMNAE SECRETARY or directly to the EDITOR

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Memo to contributors. Material should be sent not later than March  
1st, for the Spring *QUARTERLY*; June 1st, for the Summer issue;  
Sept. 1st for the Fall issue; and Dec. 1st for the Winter issue.

In the Spring issue of the Quarterly we presented a report of the School in 1895, twenty-two years after it was founded.

We hope the three articles in this issue will further show the development of the School and be interesting reading. In *Portrait of a Century* Miss Sleeper tells us about the early '20's, Miss Sherwin reports on *Student Life in 1945*; and to bring us up to the present we have printed Miss Petzold's *Report of the School for 1972*.

Hope to see you all at the Centennial Celebration.

Editor

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# SEMI-CENTENNIAL ANNIVERSARY EXERCISES

OF THE  
MASSACHUSETTS GENERAL  
HOSPITAL TRAINING  
SCHOOL FOR NURSES

*October Fifteen  
and Sixteen  
Nineteen Twenty-Three*

## Program

MONDAY, OCTOBER 15, 1923

- 9:30 Registration of Graduates.  
to New Home, 32 Fruit Street.
- 10:30 Call for Banquet Tickets.
- 10:30 Clinics.  
to Out-Patient—Amphitheatre.
- 12:00 Posture—Dr. Lloyd Brown.  
Diabetic—Dr. F. Gorham Brigham.  
Nutrition—To be announced.  
Value of Blood Pressure Readings in Diagnosis  
—Dr. Wm. H. Smith.
- 12:15 Visiting the Hospital.
- 1:00 Buffet Luncheon—Nurses' Dining Room.
- 2:00 Demonstration.  
to Miss McCrae's Pupils.
- 3:30 Out-Patient Amphitheatre.  
Exhibition of Special Diet Trays.  
Old Lodge.
- 4:00 Alumnae Tea and Experience Meeting.  
New Home.
- 8:00 Address by Dr. Winford Smith of Johns Hop-  
kins Hospital—Old South Meeting House,  
Washington Street.  
Mr. George Wigglesworth, Presiding.

TUESDAY, OCTOBER 16, 1923

Ether Day

- 9:30 Registration of Graduates.  
to New Home.  
10:30  
10-11 Medical Clinics.  
11:00 Surgical Clinics.  
to  
12:30 Bigelow Amphitheatre.  
1:00 Buffet Luncheon.  
Nurses' Dining Room.  
2:45 Address by Dr. Richard C. Cabot.  
to Moseley Building.  
3:15 Dr. Henry P. Walcott, Presiding.  
3:15 Historical Tableaux.  
to (Lawn, weather permitting.)  
4:15 Presentation of Alumnae's Gift to the Endow-  
ment Fund by Miss Laura A. Wilson  
—Class 1886.  
4:15 Tea—Ladies of the Advisory Committee.  
7:00 Alumnae Banquet—Hotel Brunswick.  
Miss Carrie M. Hall, Class 1904, Toast Mistress.

M. G. H. REUNION SONG.

Words by JULIA P. WILKINSON—Class 1921.

*To the Music of "The Year of Jubilo."*

From far and near we gather, comrades,  
'Tis a great event that calls.  
And once again we come together  
In the old familiar halls.  
We know as ne'er before the value  
Of a splendid heritage,  
And so we sing our firm devotion  
To our school, our M.G.H.

CHORUS

May we rally here.  
Renewing year by year.  
Our love and faith and firm devotion  
To our school, our M.G.H.



Ushers at 75th Anniversary Celebration in 1948. Students are wearing uniforms and caps of various periods between 1890 and 1948.

## Changes in Uniforms and Caps

The uniform and cap of the School have been changed or modified several times over the years. The most recent change in uniform being in 1972.

Although a cap was introduced in 1878, there was no formal uniform for the nurses until about 1889. Until that time they "wore print dresses of an inconspicuous pattern."<sup>1</sup> In 1889, Miss Anna Maxwell, superintendent of nurses, planned the first uniform. "A gingham dress of turquoise blue and white broken check, a gathered apron with bib straps pinned at the shoulders and tied about the waist with bow and strings. Straight collar and cuffs were worn inside the neck band and sleeves."<sup>2</sup> Soon after, the material was changed to black and white because the blue faded.

1, 2. History of the Massachusetts General Hospital Training School for Nurses. Sara Parsons, 1922, pgs. 51 and 60.



The black and white checked material and the black stockings and shoes have been retained over the years. The style of the uniform, dress and apron, has been modified to keep step with style changes and still maintain a practical uniform. In recent years the dress has been one that can be worn without bib and apron. The newest uniform is of synthetic drip-dry material. It is a one piece dress with bib insert and attached collar and cuffs; and a white tunic-style apron.

The original cap was similar to todays Senior and Graduate cap but large enough to cover the hair. Over the years the cap has become smaller and was last changed by Miss Jessie Stewart. It was also at this time that the flat cap or "flat top" was introduced. This is the shallow round cap worn by Freshmen and Junior students. The tall cap is awarded to the Seniors at the beginning of their third year at Capping Exercises which is held early in September.



Student, Claire Bowes, models new uniform at Homecoming 1972.

# MGH Students Celebrate 100th Birthday of the School of Nursing

The School of Nursing began the celebration of the Centennial Year on May 23, 1973. This was the day designated for students, faculty and friends to participate in a birthday celebration. The days activities were planned by students and their faculty advisors. Classes and clinical experiences were re-scheduled to allow everyone to attend all activities.

The day began with a Coffee Hour for students and faculty. In the afternoon there was Open House at Walcott House and Ruth Sleeper Hall for guests and invited members of the hospital family. At Walcott House refreshments were served and there was a continous showing of a very interesting film about the school program which was written and narrated by a student. In Ruth Sleeper Hall there were several interesting displays, a film on Ambulatory Care, and in the nursing labs students were demonstrating nursing procedures. There were also displays in the hospital, in the Warren and White lobbys. Students conducted tours for their invited guests and several of the students wore the old style uniforms and caps. The afternoon activities ended at a Sherry Hour in the Chalet and on Gray 11.

At 5 p.m. Miss Sleeper, Mrs. Lane (Miss Sleeper's sister) and Miss Lepper joined students and faculty for a delicious dinner served in the General Cafeteria. Much to the delight of the students, the serving was done by the faculty, some working behind the counter and others acting as "bus-girls" and waitresses.

Following the dinner everyone moved to the more comfortable surroundings of Moseley Rotunda. Some of the students had an opportunity to meet and talk with Miss Sleeper. One student was heard to say, "I'm so glad to meet you before I graduated because I've heard so much about you."

Miss Sleeper was the guest speaker for the evening. She gave an interesting review of the beginning of the School and what it was like during her student experience. Her audience found humor in situations of the past, but more important I think they found an understanding and a new respect for all that went into establishing the School. Hopefully, too, they will realize that only through outstanding leadership, awarness of needs and continuous change has the School grown, kept pace with nursing education and fulfilled its objectives.

Your editor was privileged to attend most of the activities of this day. It was an interesting and rewarding experience. I came away ever more proud of our students and of our School and of being a graduate of MGH, School of Nursing.

*This first day of celebration has been recorded for the historical files of the School, as will all the functions in September. Miss Sleeper's remarks have been taped and most of the activities of the day have been photographed. We are grateful to Miss Patricia Sheetz, Secretary, SON, for the two photographs on page 10.*



Ruth Sleeper Hall (Nursing Lab.) 1973



At Student Celebration of Centennial Year, May 23, 1973: Guest Speaker, Miss Ruth Sleeper, Director Emerita, School of Nursing and Miss Edna Lepper, former Director of Nursing. Also pictured, left, to right: Maureen Keating wearing present senior uniform, Eileen Lawrence wearing graduate uniform, Zaina Hobica wearing uniform of the 1890's, Donna Nickerson wearing the newest uniform designed in 1972.



# PORTRAIT OF A CENTURY

*Ruth Sleeper*  
*Director Emerita, School of Nursing*

It has been said "The roots of the present be deep in the past — and nothing is lost to the man who would know how the present comes to be what it is."

What I would like to do with you tonight is to try to paint a portrait of some of the roots of our school's past. It will be a word portrait, a portrait of a century. It will of necessity be a panorama with some of the picture in shadowy vagueness because the past is not always clear. Other parts will for their own reasons stand out sharply. As in many pictures, I shall try to show a person; here and there a place which has influenced the lives of those involved, and always a changing scene, for M.G.H. has never sought to maintain the status quo. Since its beginning the Hospital has kept a steady, forward pace. It has ever sought the new which is valid; it has clung to the old only when there was merit; it has never stood still.

Like all portraits this one will not tell why a change may have taken place, or why the physical setting or the people involved have held back, or facilitated the progress, or created a spirit which endures. However, if you study any portrait intently, the lines of a face, the expression of the eyes, the stance of a figure will answer many questions, arouse a forgotten emotion, or even hint at a dream still to become a reality.

Every portrait must have a setting. Tonight you will find this in the background. It is of course the Bulfinch for this was the Hospital for many years and the core of the Hospital for many people over the decades. The Bulfinch was over half a century old when our School was founded. Could you see through the shadows in the portrait to the wards you would find large central fireplaces, comfortable rocking chairs, a large table with checkered cloth, dimity curtains at the head of each bed, bright red blankets on the beds, and for the patient's comfort a small rug to step on when getting up. The table setting would be English china, the spoons solid silver, and the mugs pewter. Highly polished brass trays were used for bed patients. Color, comfort and respect for those who came for care were evident to the visitor.

It was my privilege in the mid-thirties to talk to a woman who had been a nurse here during the Civil War years. The ward as I have described it was her picture. She had come to Cambridge to visit a sister. There she learned of opportunities in nursing at the M.G.H. She entered the Hospital through the porter's lodge which stood at or near the gate which now opens from Blossom Street into the yard. From this, the only entrance to the Hospital grounds, she was escorted to the first floor center door in Bulfinch where were the Hospital's administrative offices and the clinic for out-patients. After her interview she was accepted to return the following day for work.

As I remember her reminiscences she must have been assigned to what is now Bulfinch 2. There was a head nurse on the ward. She was to be the nurse. Across the hall or in the men's ward was a ward tender who could be called for especially heavy tasks. She shared a bedroom with the head nurse. This was the double room between B1 and B2. On rising the bed was folded up, I understood, bedding and personal articles put away and the room made ready for use as the doctors' sitting room for the day. A place to rest was really not necessary. Nurses' hours were from 5 a.m. - 9 p.m. when the night nurse came in. Occasionally there was a free hour during the day or time to go to church on Sunday.

The dining room at this period was in Bulfinch basement where were also the kitchens. As there were of course no elevators nurses carried most of the food for patients upstairs to the wards. In fact, this little lady could tell where she was standing half way up the stairway where someone brought the news of President Lincoln's assassination.

The head nurse gave the medicines. Both nurses gave patient care. As this was after the advent of anesthesia, surgical wards were doubtless more active than ever before. Patients' records of the period when our School began some ten years later show orders which these nurses must also have carried out. There were ice water applications for hemorrhage, water dressings for inflammation, Poultices of many kinds, mustard and other types of pastes, turpentine stupes, hot flat irons, blistering cantharides, dry and wet cupping, and leaches. There were also procedures which may be used today such as alcohol and teped sponges. There were no patients' charts in these earliest records but the doctors' records included some of the data found on the modern clinical chart.

It is helpful in thinking of this era to remember that there were no clinical thermometers, no stethoscopes, no blood pressure machines, no X-rays, no electrocardiograms, no oxygen therapy, no respirators, no pacemakers. There were also no medications such as insulin, liver extract, sulfa drugs, antibiotics or many others which have been recently added. Autisepsis and asepsis were still to come. The clinical laboratory had yet to be opened. Commercial supplies, gauze and disposables were beyond the imagination. In the evening hours nurses cut and folded bandages which were washed and ironed during the day as time permitted.

In a letter sent out in 1810 by Dr. John Collins Warren and Dr. James Jackson seeking support for the Hospital a standard of nursing care was first enunciated. I quote "Above all he (the patient) suffers from the want of that first requisite in sickness, a kind and skillful nurse."<sup>1</sup>

It was into such a medium that the Boston Training School was born. The wards had been planned and furnished for the patients' comfort. There was a dedicated and progressive medical staff. And, it was to be the goal of the nurses to care about the patients as well as to care for them with skill.

It has always been the good fortune of the M.G.H. to have a board of

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1. I. Bowditch, History of the Massachusetts General Hospital 1810-1872, p. 4.



Trustees who saw beyond the patient care function to those responsibilities which make excellence in patient care possible. The goal which continues today was formulated long ago. It was three fold: patient care, education, and research.

In March 1868, the Trustees took a daring step toward improvement of patient care. A committee studying the wisdom of appointing "female visitors to the female wards of the Hospital" reported as follows, "We are able to think of no objection to the plan except that the Hospital is very well managed as it is and that it is unwise to disturb what is satisfactory. But it seems to us that, although the Hospital is probably about as well managed as men can manage it, it may be found that with the help of judicious women it may be better. In conclusion your committee think that the appointment of lady visitors would advance the usefulness of the Hospital and that it ought to be tried."

I quote this decision because of its importance in our School's history. The successful advent of the women on this committee into the Hospital not only paved the way for the large and important group of volunteers who now serve the Hospital but more importantly for us helped to open the door to a training school for nurses. They visited with the patients and helped them personally in many ways. They saw the need for nursing and in their wisdom the opportunity of a new career for women. One committee member was Sarah Cabot, later Mrs. Wheelwright. Her daughter, Mary Cabot Wheelwright, attended the School's 75th anniversary celebration. I quote from her remarks to give you a closer sense of your School's beginnings.

"This is the story of the founding of the Training School by my mother Sarah Cabot Wheelwright, as she told it to me. She was a painter and a musician, a pupil of William Morris Hunt, a pianist, and a member of the Handel and Hayden Society when was sung for the first time in the country Bethovan's 9th Symphony. She lived in Brookline with her mother, and painted and played the piano and saw the many members of her family.

"Then came the Civil War, and she served on the Sanitary Committee and, of course, lost many friends and saw much suffering. When the war was over peaceful life in Brookline was not what it had been, and one day she felt that she could not stand it any longer. She knew of the Massachusetts General Hospital, of course, through her brother, Dr. Samuel Cabot, who was one of the most noted doctors there, but she had no experience of what the Hospital really was. She made up her mind that she must give herself to some useful effort, and as a gesture — a sort of pilgrimage — she took her bible in her hand and walked into Boston, to offer herself for whatever was needed at the Hospital. She brought her bible because she had heard that the patients would like to have it read to them, but she found when she got there that they did not want to be read to, they wanted to talk and to have somebody to write letters for them. Also she found that children seemed to be playing about on the floor with no one to attend to them (later she was one of the founders of the

Massachusetts Infant Asylum), so she played with them and did what was needed, then, and for some time afterwards — visiting the Hospital and seeing the rather appalling conditions of the whole situation.

“About that time she heard of the starting of the Training School for Nurses in New York, and at a club to which she belonged, where papers were read, she read the story of what she called a “New Occupation for Women — The Nursing Occupation.” Then becoming enthusiastic about this she talked it over with her brother, Dr. Samuel Cabot, and also with Mr. Martin Brimmer, a man of property and of imagination, and these three formed a committee to make plans.

“The first thing was to find some women who would like to try this pioneer work, and they wrote letters to the clergymen of the surrounding towns asking them to recommend any women in their communities who would be willing to try a new type of work as a profession. As I remember it, there were four or five who first appeared, and my mother said they were very remarkable women; all over thirty in age, and very experienced in life.

“The reports of the committee formed at that time will give the details of the organization more or less, but what I wanted to give was the fact that it was enthusiasm, dedication, plus persistence against great opposition that started this work. When the nurses were finally and grudgingly admitted to work in the Hospital they were only allowed in what in those days was called the “foul” ward where contagious patients were admitted, but when forty years after I was asked to make a survey of the criticism of Massachusetts General Hospital Nurses, particularly in private practice, the criticisms were mostly of their arrogance, and over-self-confidence, and my mother was much interested in the change of attitude of the public.”

Fortunately one of the first women to whom Sarah Cabot turned was Mrs. Samuel Parkman who was already interested in the idea and who had recently been in England where she met and talked with Florence Nightingale about the Nightingale system of training. A committee of men and women was organized to study the question during the winter of 1872-73.

Meanwhile in April 1873 the committee on Industrial Education of Boston recommended to the Women's Education Association that a training school for nurses be started. A committee, of which Sarah Cabot was a member, was formed to make plans to open a school in November. This was to be an independent school modelled in some respects after the Nightingale plan. The trustees of the Massachusetts General Hospital were approached and were found interested. That they were cautious too is shown in the Trustee's Committee report — “that we should take, at first, the Brick Building only, for these reasons: it stands by itself; represents both medical and surgical departments; and offers the hard labor desirable for the training of nurses.”<sup>2</sup> The doctors

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2. History of the Massachusetts General Hospital Training School for Nurses. Sara Parsons, 1922, p. 21.

on the staff were on the whole satisfied with the care given by the untrained staff but as time went on many doctors gave both helpful support and assistance.

I shall not attempt to give many details of these early years. Suffice it to say that the committee which conducted the Boston Training School, all volunteers and only one medical man, was dedicated to making the School a success. They appointed the superintendent, purchased a home for the pupils on McLean Street, secured doctors to teach, sent to Boston City Hospital for a chef who would teach plain cooking because the M.G.H. meals were too fancy, visited the wards to watch the progress of the pupils interviewed applicants, appointed and expelled pupils as suited the situation. And, perhaps most difficult of all they raised the money to pay for most of the expenses.

This is a portrait not only of our School. It is truly a cameo picture of nursing and nursing education in evolution from a simple, demanding occupation carried on by pupil nurses with little nursing education to a complex profession requiring educated and highly skilled practitioners. From a simple, unorganized teaching plan, nursing education has moved steadily forward into a well organized constantly progressing educational system. This does not imply that the nurses of the past lacked knowledge needed for their work. Far from this. Many were of high intelligence. They came to the School as mature women. They knew what it meant to be self-motivated. As students they recognized the lacks in their education. As graduates they sought education for themselves to prepare a better educational program for oncoming generations of students. It was to be a plan for education of nurses to work as professionals in a rapidly advancing health program and in a changing social setting in which patient and family played important roles hitherto denied to them. This is one of the major truths to be found in the history of our School. Nursing education and nursing will only advance if nurses have insight into the health needs of people; realization of what these insights will involve; and care enough to accept the responsibility which the challenge of the future holds. But nurses cannot find success in isolation. Educators, doctors, hospital administrators and very importantly men and women from the community interested in health and the welfare of people must also share.

Miss Kiely told me when we talked about tonight that you would like to know something about the School, rightly called the Training School when I was a student. To say it was very different from today in no way conveys a picture of the situation.

Between 1873 and 1919 when I entered vast changes had taken place. The School was turned over to the Hospital in 1896. Changes came rapidly in the Hospital's program bringing new demands both for patient care and for courses of study and ward experiences. Antisepsis and asepsis had made great changes in surgical care. The X-ray has been discovered and introduced to M.G.H. Social Services was established. The clinical laboratory had been opened. Medicine had taken great strides but the medical wards were still overburdened with typhoid fever in late summer and fall and pneumonia in

the winter and early spring. There were no drugs to help. Great dependence was placed on nursing care. The diabetic patient came into the Hospital often in coma to be literally starved to a sugar-free state only to go home to return again and again until he died. The pernicious anemia patients returned for more transfusions the effects of which only were too short. The surgical wards were filled with patients with infections, osteomyelitis, empyema, mastoiditis.

The Training School by 1919 when I entered had an organized curriculum with three classes admitted annually: September, January, April. There was one full-time instructor in nursing who had two or three senior student assistants to supervise the nursing laboratory practice and do whatever follow-up was to be done on the wards. There was one science instructor with one senior student assistant. As listed our courses would sound somewhat the same as yours today except there was no chemistry, no sociology, no psychology, almost no psychiatry, and little or no nursing per se to be taught after the first three months, our probationary period. We wore blue uniforms for the first three months when we got our caps and our checks. I believe our hours were 7 a.m. to 4:30 p.m. with six hours only on Sunday and one other day. Classes began the day after arrival and ward assignments the second day. If classes began at 8:30 or 9:00 a.m. ward assignments came at 7 when we carried trays, made beds and as we learned in class shared in other morning care. Some days each week we were assigned to wards 4:30 to 7 to carry supper trays, rub backs, and prepare the patients for the night. Often the floor was to be swept that it too might be in proper condition. Medical and surgical classes after probation were held in the evening 7:15 - 8:15. These were doctors' lectures. Little was done in class to relate the medical theory to nursing care. The time was far off when nurses were to be prepared in colleges and universities for such advanced clinical teaching. Fortunate were the students of that day who were themselves able to question and to make the correlation to nursing. Lucky too were those who had a head nurse or a house officer interested and willing to take time from their crowded schedules to give ward clinics or to teach in other ways.

After the first three months, the probationary period, other assignments followed in rapid succession. Some students went immediately on to night duty, four weeks, 7 - 7 or twelve hours a night. A student might be assigned to a 16 bed unit. Both younger and older students were assigned at night alone, of course, to wards which, for this period of time, resembled intensive care units as the sickest patients or seriously ill postoperative patients were transferred to these wards. Unless needed for emergencies house officers were expected to leave the ward (as I remember) by eight p.m. Lights were then to be put out. At five a.m. patients were awakened for morning care and pre-operative preparation. We had a song at one time which went — "I think that my idea of heaven is not to rush twixt five and seven."

Picture the wards to which we were assigned. The head nurses on the larger wards and more critical units were usually graduates but not always. There were no assistant head nurses. A student at any time after probation might be assigned as the senior nurse. This meant only that she had been



longest of all the students assigned to the ward. She wore a shoestring velvet band on her cap and was responsible when the head nurse was not present. If I remember correctly, I was a senior in my fourth month in the School on a 33 bed men's surgical ward. With me were several older students, at least one in her third year, a very capable student. That we did not have serious conflicts was due, I suppose, to the fact that we accepted the situation, the system. We wanted most of all to give the best care we knew how and to learn under that system. Older students took responsibility or the head nurse assigned them for the more critical care. Actually many of these older students were good teachers too and we, the eager beginners, respected them for their knowledge and envied their ability.

We did not have a planned clinical rotation. We were assigned in part according to our need for experience in a service but also because the service needed us. We, the students, were the nursing service of the General Hospital. There were no staff nurses except a few at Phillips House where a large proportion of the care was given by private nurses. There were maids for the kitchens and the heavy cleaning. There was no building service. Ward helpers were employed after I was graduated. Ward secretaries began work in the General in the 1930's. Aides were employed after volunteer aides had proved their value on the wards during W.W.II. Practical nurses were first employed at the Baker Memorial in 1932 but not in the General until after the war. Ward managers were added to relieve head nurses in the 1960's.

We swept the wards before we left at night because we could not leave an untidy ward; we cleaned the bedside tables and beds according to procedure. There was no discharge service. We "dished" out the meals and did some simple cooking. We tried to meet the needs on inspection day by scrubbing — well — scrubbing almost anything. In return the Hospital charged us \$50.00 for tuition (3 years) plus a \$10.00 deposit for breakage, furnished our books, and our uniforms, and provided room and board. We more than earned all that plus our education that was the system throughout the country.

You can guess that the nursing care was simple. Yet it was demanding for the patients were just as sick and we had less knowledge to meet their needs. Patients died and we felt inadequate. As I look back we did so little in comparison to what nurses do today with their broader knowledge. But medicine was vastly different too. Intravenouses were not given. Fluids by mouth were forced — and I do mean forced. To increase intake when we were not successful saline was injected under the pectoral muscles, or given by rectal tap. Transfusions which were few were given in the operating room. Oxygen therapy and respirations of all types came into use after my day. Students did the scrubbing in the general operating room. Some had three months experience giving anesthesia by ether cone. (There were no doctor anesthetists and only one graduate nurse). It sounds unbelievable but one student, a first or second year student prepared most and sterilized all of the supplies in the General Hospital operating room.

A hundred years is not such a long time when you can remember half of it.



But the changes which have come to nursing in the second half of this hundred years leave one breathless, not breathless just because of the rapidity of change but breathless because each new development serves only to show how much more is to be learned and to be taught. Advances in nursing must match the changes as they come in Medicine. This has always been true, but today nursing is more than a mere accomplishment to Medicine. Nursing now is finding its own place in a different medical and social setting, an old yet new profession for women and men.

My portrait that I leave with you is far from complete. In fact it will only be up to date if you and your contemporaries add the strokes of your brushes. My classmates and I had more educational advantages than our predecessors. You today far outstrip the students of my time. Yet, we who had so little saw the need and determined that yours would be a different experience. That we have to a very real extent succeeded is not alone due to our vision and our efforts. Advisory Council, Trustee, Hospital Administration and in fact the Hospital family as a whole have supported our efforts.

Once an M.G.H. student or graduate you will inherit the ongoing responsibility. If you accept your inheritance you will also find growing within you, the painter of a portrait, a profound respect for the accomplishments of the past and an urge to make your share worthy of the School and Hospital which gave you your opportunity. Yes, and you will even find a deep affection for the institution which so long has cared for as well as cared about the sick who come to be nursed and for those who come to learn to give that nursing care.

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## Student Life at MGH — 1945

*Helen Sherwin*

*Miss Sherwin wrote the following article for a special Centennial celebration issue of The Checkmate the student nurse publication. I think you will find it interesting and that it will bring back memories to many readers.*

I joined the faculty in September 1945, only a few weeks after the end of the war. That freshman class was the last with three sections, entering in February, July, and September in response to war needs. Most of the

students were members of the U.S. Cadet Nurse Corps, who had committed themselves to nursing (civilian or military as they preferred) for the duration of hostilities. In return for this, the federal government paid for their tuition, indoor and outdoor uniforms, books, and a monthly allowance. The school agreed to a program whose requirements were completed six months before graduation so that students might be available for assignments in this country

in military, veterans, or Indian hospitals. One-third of MGH senior cadets were so assigned.

My job was to plan class schedules and to see that every student completed every course in the allotted time so that she could keep her commitments. Oh, yes, and to teach Social Sciences.

The census at that time was 505 students, including affiliates from other schools. Most of the faculty, except the preclinical teachers, carried responsibility for nursing service as well as for nursing education. Senior students, carefully selected, acted as teaching assistants: two each in Science and in Nursing, a few as head nurses and assistant night supervisors.

In 1950 a more well-defined curriculum emerged, and prepared graduates were employed as assistants and head nurses. But the change was regretted by some.

At least one solemn discussion at high level took place: "Now that there is a graduate staff nurse on a certain floor, what happens to the senior student who was there before her? Who is in charge? Who has precedence? Certainly over the years preclinical students were grateful for the kindness and sympathy of the student assistants.

The school was gravely concerned then and for many years afterward about the heavy clinical responsibilities of students. In 1945 there were 240 graduate nurses in the General, the Baker, and Phillips House. Most were in administrative positions, not staff nurses. Only three graduates who had gone to war returned to MGH.

At times, students were responsible for 75% to 80% of the care of patients during days, evenings, and nights. Some students had as much as 14 weeks of evening and nights during their three years. The class entering in 1957 was the first free of such assignments during their first year.

Preclinical (early freshmen) classes had to be completed within nineteen weeks because some students were placed on night duty immediately after that. Mastery of certain procedures had to be demonstrated before that time: medicine pouring, medical asepsis, sterile dressings, subcutaneous injections, etc.

On nights demands were varied and extensive; a student was expected to meet them adequately. Graduates for support and supervision were few.

Even so, in 1945 student hours were reduced so that each student had a full day off each week. After the preclinical term, for students on both days and nights, a 48-hour schedule was in effect.

For decades, the preclinical pattern over a three-week period was "off-duty Saturday afternoon, the morning of one Sunday, the afternoon of the next Sunday, and the whole of every third Sunday." (Translation: Preclinical students have some value on the floors on weekends.)

During the course (1095 days) nine weeks of vacation were given.

For the sake of the night student nurses, classes after the preclinical period were scheduled only between 7:30 and 9:30 a.m. and 3:00 and 6:00 p.m. Class Days were adopted

in 1956 except for preclinical and senior students in their last eight months.

Before then, students caught by heavy floor assignments, emergencies, or slow elevators might arrive late or miss class entirely. Tea and cookies were served daily after three o'clock in Walcott and Thayer recreation rooms so that night nurses getting up for class could have something comforting to sustain them.

Beginning with the class entering February 1946, classes were spread through 36 instead of 30 months.

The preclinical nursing course, taught by Sylvia Perkins and assistants, was exacting. Four days a week, including Saturday mornings 10:00 to 12:00, two hour classes or demonstrations were presented in the Upper Outpatient Department Amphitheater.

All students and teachers attending nursing classes, of course wore uniforms.

Students took pretests on all assigned new material; these were graded and the results formed a dismaying part of the final course grade. For years those pretests were a formidable hurdle for students who had not expected a really challenging academic basis for nursing.

For some students, classes coincided with clinical rotation. That is, a student might have Surgical Nursing classes during her assignment to a surgical floor. But she was more likely to have them while she was assigned to medical or pediatric areas. And it frequently happened that she was moved day to day from one clinical area to another to meet emergency staff shortage.

Somehow she met the challenge, though no one approved the situation or the solution.

Until long after the war students carried such responsibility until a staff of graduate nurses and others was slowly built up by an inspired, devoted, and hardworking nursing administration.

In 1948 Jessie Stewart, Assistant Director of the School, prepared a three-year pattern of clinical rotation, with universal change dates. Appropriate classes were then organized with references to the clinical service.

Eighty percent of the class graduating in February, 1946 had psychiatric nursing experience at McLean or on Bulfinch 7. Students not having clinical experience did have three field trips to McLean.

War shortage had eliminated black and white checked uniforms for several years. The substitutes were bright dark blue, very pretty, but not popular with the students because they were "second best."

Two-piece checked uniforms with long sleeves and stiffly-lined bodices modelled after the early uniforms were available for special occasions. A long row of safety pins under the apron was for years a standard unofficial part of the uniforms.

Students were capped in Walcott Classroom at the end of nineteen weeks, provided they had passed all examinations. Invitations to the capping were issued individually. Students not receiving invitations were assigned to the wards, capless until they had demonstrated mastery of skill or knowledge for full responsibility. Soon after Miss Sleeper be-

came Director, a cap became part of the uniform from the day of entrance.

A progressive step taken by Miss Sleeper with the support of the hospital administration was the policy of time allowance for illness, whereby students, beginning with those graduating in February 1946 might miss as much as two weeks in three years for illness.

Students too ill to attend class or floor assignments were sent to the school infirmary on Walcott first floor (now Rooms 102-104) where provisions for meals night care and real rest were a continuing problem. Really sick students were hospitalized. Until then all time missed for whatever reason was made up.

Soon after the war enrollment dropped sharply. Only two classes instead of three were admitted. Many students married as their men returned from the war; and of course they left the school. The cautious retention of seniors who married within their last six to eight months of school forecast the inevitable and in 1956 a married student was admitted to the school the policy having been officially changed.

A full-time counsellor was appointed in 1947. About that time too plans were made for periodic evaluation of students' clinical performance.

The Glee Club Christmas concert took place in the Moseley Rotunda or sometimes at Old North Church and at Old South Church. Student organized cookouts at Lynn Beach and Nahant and at Storrow House in Lincoln before it became a convalescent home.

The dining room luncheon celebration for students actually completing the program having made up time lost beyond the limit was filled with gifts singing triumphant recognition of a major event.

One year the freshmen organized a spaghetti supper and served faculty in the tightly-crowded old basement at 92 Charles. We had a wonderful time.

In September 1946 tuition increased to \$100; fees uniforms and books increased the charges to students to \$258 for the three years. Room, Board, looseleaf notebooks, and writing paper as well as medical care and hospitalization were provided without charge to the students.

It sounds tough, and it was. Little by little a sounder program was built as administration and faculty could realistically recommend improvement and all nurses and others were able to provide tangible support for change. Miss Sleeper yearned and worked for a one-patient assignment for a young freshman "so she could have time to think and plan and take satisfaction in having done really well." That was long in coming.

But the students had many satisfactions. They knew beyond any doubt that they were needed, valued, and respected for survival — if they did survive.

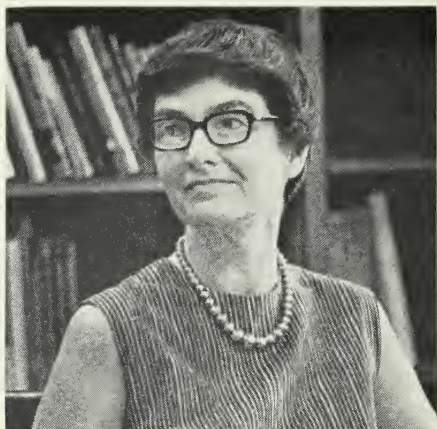
In shared hilarity, woe, and achievement they formed life-long friendships.

Many return every September at Homecoming; in this Centennial year it will last three days. Honor them; they are an invisible part of the school.



# Keynote Speaker at Centennial Celebration

*Sylvia Perkins*



**Photo by: Bradford F. Herzog**

Janet Wilson James, a distinguished scholar in the field of women's history, focused her attention on women in the United States long before Women's Liberation came on the scene. She received her Ph.D. in 1954 from Radcliffe College (Harvard) where she wrote her doctoral dissertation "Changing Ideas about Women in the United States, 1775-1825," under the direction of Professor Arthur M. Schlesinger, Sr. Presently Mrs. James is Associate Professor in the Department of History at Boston College.

Her early education was obtained in public and private schools in New York before her family moved to Dallas, Texas. She graduated from the Hockaday School in Dallas in 1935. Her college education began at Smith College from which she received her A.B. in 1939. Following another year of study at Bryn Mawr College, she attained her M.A.

It was at a meeting of historians that she met Dr. Edward T. James who had received his undergraduate and graduate degrees (B.A., M.A., Ph.D.) from Harvard. Soon after their marriage, they both joined the faculty of Mills College in Oakland, California where Mrs. James was Instructor in History and English. After two years there, they returned to Cambridge. The year after Mrs. James received her Ph.D., she was Instructor in History at Wellesley College. Then, during the next several years, she was mainly concerned with her home and her two children.

Radcliffe College's Schlesinger Library, a research library concerned with the history of women in America, was fortunate to secure Mrs. James for its director, a post she held from 1965-1969. While she was there, a group of



Greater Boston nursing school librarians sought her advice about the identification and preservation of the valuable historical materials held in their schools. Mrs. James attended a meeting at the Palmer-Davis Library of the MGH School of Nursing thus making her acquaintance with Caroline Bennett, the librarian and Sylvia Perkins, then chairman of the library committee of the School. Interested and generous, Mrs. James subsequently invited the group to the Schlesinger Library where additional valuable information was gained.

During the period 1961-1971, Mrs. James worked on another Radcliffe project, *Notable American Women, 1607-1950*, a three-volume biographical dictionary published in 1971 by the Belknap Press of Harvard University. Associated with her husband who was the editor, Mrs. James was successively the assistant and the associate editor of this work which has received wide attention in the general press as well as from historians. It contains 1,337 articles about American women who died before the end of 1950. The editors admit to scant knowledge about nurses when they began this work, even though they were well-trained social historians who specialize in the life of the American people and the development of American society.

Of the fifteen nurses finally included in *Notable American Women*, three were associated with the MGH School of Nursing: Linda Richards, Anna Maxwell, and Sophia Palmer. Awakened to the obscurity outside of Nursing in which even eminent American nurses dwell, Mrs. James became interested in starting a rescue operation. She is serving on a committee appointed by the National Historical Publications Commission to make recommendations for publishing the papers of distinguished American women. Among seventy-five names submitted, Mrs. James was able to place the name of Adelaide Nutting — though none of the committee which includes the Assistant Librarian of Congress — had ever heard of Miss Nutting. Since she was a leader of the stalwart group of nurse-pioneers in the movement to provide sound education for nurses and the first nurse to be appointed a college professorship, she deserves the recognition of social historians and renewed admiration from today's nurses.

With her experience and interest, it was to Mrs. James that the MGH committee turned for consultation when they recognized the need to supply some historical perspective to the findings assembled from the questionnaires. Mrs. James agreed with the premise that a review of the School's history was basic to more understanding of the diverse attitudes and points of view that the originally planned report would be expanded to become *A Centennial Review, 1873-1973*. Mrs. James is providing invaluable counsel and editorial assistance in the preparation of this Review.

Mrs. James sees that historically nursing is one of the central professions for women. She recognizes the importance of the MGH School of Nursing as being illustrative of the development of much of nursing education in the United States. With her background and insight, she will provide a keynote address of singular interest in keeping with the Centennial Program's theme: "The Social Impact of Nursing — Past, Present, and Future."

# Annual Report of the School of Nursing for 1972

*Natalie Petzold*  
*Director, School of Nursing*

Progress toward established goals of implementing curriculum change, the steady emergence of a less fragmented and better utilized Student Personnel Services, reorganization of faculty, and the consistent and generous participation of the faculty at a high level in the myriad School functions, special projects, and committee activities, continued. It was a year of evaluation and re-evaluation, exploring directions, assessing trends and options in education, nursing, health care, and setting and reordering priorities in terms of resources, economic constraints, and discouraging forecasts, political and social change, and policies and practices of agencies where student learning experiences are provided.

Task force groups within the faculty were established to facilitate and enhance their involvement in long range planning for the School.

While the total number of diploma programs has significantly diminished over the years, they remain the largest single group, representing approximately 47% of basic nursing education programs in 1970, according to the Nation League for Nursing. There are some indications that the numbers of diploma programs closing, or predicting closure, have tapered off. Currently the great majority of diploma programs are approximately three academic years in

length. Graduations from diploma programs now comprise 52% of total graduations, with the pattern of marked growth in graduations from A. D. programs (now about 27% of the total) continuing, according to statistics in 1970-1971 *Facts About Nursing*. Though the numbers of graduates from baccalaureate programs (21% of total) continues with a slower growth trend, the increase in such graduates in 1970 "was well below those of the prior three years."

Aware that competition for positions had increased due to a variety of factors, resulting in fewer budgeted vacancies and more nurses seeking employment, the 80 MGH School of Nursing graduates of June 1972 applied earlier than usual for positions and to more than one agency. There was more apprehension expressed about waiting for decisions from their "first choice" agencies, and, therefore, some tendency to accept positions in those agencies that were most encouraging and could give them an early decision. Approximately 55% were employed at MGH following graduation.

The annual follow-up study of recent graduates continued and the 56 returns from the Class of 1970 indicated that 44 were employed in nursing full time, 7 part time, and 3 were enrolled as full-time students. While the large majority listed their posi-

tions as staff nurses, there were also 2 charge nurses on evening hours; 2 charge night nurses; 4 head nurses; 1 unit teacher; 1 supervising staff nurse (R.N. II); and 3 operating room nurses. The largest number (12) were employed in intensive care units of some type. While the statistical results indicated that the graduates were prepared for the responsibilities which they assumed, the generously supplied comments serve as an ongoing source of data for program evaluation and modification.

Enrollment in the School of Nursing continues at a high level, with 346 total enrollment in September 1972, compared with a national average of approximately 125 in all types of basic nursing education programs.

While applications to schools of nursing continue in large numbers despite recent decreases in applications to colleges and universities in general, "nursing has been attracting only a small and declining percentage of high school graduates," according to *Facts About Nursing*. If the national decline from between 6 and 7% of girl high school graduates in the 1940's and 1950's to about 4% of this group currently making nursing their occupational choice continues, the projections for increasing or maintaining admissions without active recruitment programs are not optimistic, particularly with a decline in the number of high school graduates. Increased recruitment of other than high school girl graduates will continue to be a necessity in the future.

Early in January 1972 the School of Nursing voted to close applications, due to the large number and

quality of applications received by that time. Letters were sent to all those applicants who had been appointed but had not yet accepted their appointment, asking them for a commitment. After the class had been appointed, late applicants were given the option of being placed on a waiting list or considered for the class entering in 1973. The Admissions Committee and staff continue to wrestle with the dilemma of establishing fair and sound policies and practices, in light of an early acceptance plan, priorities for waiting lists, holding spaces for late but well-qualified applicants, refining selection criteria and processes, determining the maximum number of applicants that can be and need to be processed, and appointments made to ultimately arrive at the maximum size class that can be accepted. Because of waiting lists, withdrawals, interviews, correspondence, preparation for the incoming class, applicants for 1973, and the many inquiries about our School of Nursing, the work of the Admissions Office Staff continues to be heavy and unabated throughout the summer months.

Increasingly greater numbers of college graduates are seeking admission and are aware of other programs available to them, and counseled into programs best suited to their backgrounds. The profile of the Freshman Class with 128 women and 5 men indicates that 26% are from states other than Massachusetts and that there are 54 students beyond 18 years of age and a total of 41 with a college background varying from 12 who are college graduates, 2 who are Junior College graduates, and 25

with less than four years of college, representing a total of 40 colleges or universities in 12 states and Canada. Six are married and approximately 90% have had work, volunteer, or military service experience related to the health field. There are 5 black students and 2 who are L.P.N.'s. Academic qualifications, as determined by secondary school class rank and College Entrance Examination Board results, are similar to previous years: approximately 51% were in the first quintile of the high school graduating class and the College Entrance Examination Board Verbal mean score was 530 and Mathematics mean score, 524; nine students had scores exceeding 700 and 9 students had scores under 400. The wide range of life experiences and achievements presents many implications for curriculum planning, teaching methods, teacher flexibility and skills, and student personnel services.

A major effort resulted in the complete revision of the Social Bulletin for 1973-1975, with particular attention devoted to the description of the School's program and the basic academic skills prerequisite to effective participation in curricular experiences. Selection criteria and policies were once again examined in terms of compliance with Federal and state regulations prohibiting discrimination, and the revised Regulations Governing the Approval of Schools of Professional Nursing and the General Conduct thereof, Commonwealth of Massachusetts.

The application for admission form was revised for simplification and to eliminate some questions considered not suitable or relevant prior

to admission.

Recruitment activities continue to be a major function of the Student Personnel Services staff, some faculty "volunteers" and an enthusiastic and well received corps of students. Open House continue to be one of our best sources of recruitment, with over 300 secondary school students, counselors, and parents attending both in the Spring and in the Fall. The large numbers necessitated repeating the program and making plans for using a larger auditorium for the presentations. About 48% of those attending were referred by high school Guidance Counselors who had received our invitation. On four other occasions a program and reception was planned for approximately 200 students from high schools requesting an opportunity to visit.

Publicity and Public Relation matters, and media for advertising were evaluated to reach all potential students for whom our program would have appeal and to aggressively recruit minority group members. The School was represented at the Massachusetts School Counselors' Association Conference, the Health Careers Fair, and the Veterans Administration Job Mart, through cooperative staffing of booths with other members of the Massachusetts Nursing Education Recruitment Organization. The Human Relations Committee of the latter organization sponsored a Nursing Education Information Day in Roxbury/Dorchester to provide information to all minority groups; our staff and students were instrumental in planning and implementing the day's activities. Since the professional nursing organizations in this state are



not actively participating or sponsoring nursing education recruitment activities, the result is duplication, ineffectiveness and unnecessary cost to schools which with limited budgets and resources must engage in recruitment activities not directed toward any specific type of nursing program. Large and well known schools such as ours are viewed as centers of information, so receive many phone calls and letters each day asking for information about a career in nursing, educational opportunities, and available financial aid. Each requires an individualized answer.

During the past year, though an increase in charges to students was not instituted because of the uncertain economy and Federal Wage and Price controls measures, students were alerted that rising costs and the need to maintain quality in education and supporting services would most likely necessitate an increase in charges in the near future.

After considering a variety of factors and recommendations, it was voted to increase charges, effective in September 1971, as follows: tuition increases from \$550.00 to \$1,000.00 for each of the first two years and from \$400.00 to \$800.00 for the senior year; a fees increase of \$35.00 per year; and a combined charge for room and board divided into a room charge of \$250.00 per year, with students paying cash for meals. Under this system, the meal ticket plan would be discontinued and, recognizing that this would require quite an adjustment on the part of both students and their parents because of the meal ticket's many conveniences and benefits, students were encouraged to

consider the implications and to be prepared for a cash payment system, with the advice, support and appropriate assistance of our counseling staff. Students through their membership on our Committees for Guidance and Financial Aid, and through open meetings held to discuss the matter, had various opportunities to raise issues and questions, to participate in seeking solutions and to make adaptations.

In the last two years, with charges to students remaining at a relatively stable level, approximately 50% of the students received financial aid according to need determined by the use of the College Scholarship Service forms. With increased charges effective in September 1973 was anticipate requests for financial aid in larger amounts and from a larger percentage of students, since more will be eligible as a result of increased costs. Projections for the future indicate the need to seek additional sources of financial aid and in larger amounts, but the picture of Government funds for nursing education is somewhat gloomy, or at least fraught with uncertainties. Since the total amount awarded to us by the Federal Government was \$47,000.00 less than that which we had requested for fiscal year July 1972-June 1973, based on determination of student financial need, our plan for awards to students needed to be reviewed, re-calculated and modified, using more heavily the modest scholarship funds of the School and almost depleting the fund. Late notification of Government awards added to an already peak load administratively just prior to the new school year.



Specifically, changes in the Federal Guaranteed Student Loan Program under the Education Amendment of 1972 (PL 92-318) resulted in nationwide problems of such magnitude last July that the implementation of the new legislation was eventually delayed until March 1973.

The changing eligibility requirements, regulations, and forms for various uncoordinated Government sponsored programs creates confusion among applicants and presents a formidable task for us without the services of a full time staff to plan, oversee and administer financial aid programs. In the academic year 1969-70, approximately \$70,000.00 was distributed to students through the Committee on Financial Aid. For the school year beginning in September 1972, the amount awarded approximated \$130,000.00 through the Committee, with an additional \$50,000.00 indirectly accounted for through outside sources. Four Federally Funded financial aid programs will be involved, with the nursing loans and scholarships under the Health Professions Student Assist-

ance programs continuing, and with the initiation of two programs under the Department of Health, Education, and Welfare, Office of Education, Bureau of Higher Education, namely, Economic Opportunity Grants and a College Work-Study program. The ongoing assistance of members of the Accounting Department is of inestimable value and with their assistance the student billing system was changed to a two-year pre-payment plan, with bills payable no later than registration day for each term, when financial aid is also distributed to those eligible. The development of a financial aid manual, the mailing of financial aid applications and a descriptive pamphlet of available resources to all incoming Freshmen, and an individual interpretive conference with all potential aid recipients to make them aware of pending expenses prior to summer vacations, have all facilitated the functioning of this aspect of the School's services.

The actual amount of financial aid awarded for the 1971-72 school year follows:

#### AWARD ACTIONS AND FINANCIAL AID STATISTICS ACADEMIC YEAR 1971-1972

	<i>Freshmen</i> (1974)	<i>Juniors</i> (1973)	<i>Seniors</i> (1972)	<i>Total</i>
Applicants for Assistance	75	50	43	168
Recipients of Assistance	68	46	39	153
% Class Receiving Assistance	50%	44%	46%	47%
Federal Nursing Scholarships	\$18,029	\$18,687	\$13,078	\$ 49,785
Federal Nursing Loans	\$20,641	\$21,141	\$15,151	\$ 56,933
School of Nursing Scholarships	\$11,315	\$ 2,400	\$ 850	\$ 14,565
School of Nursing Loans	\$ 0	\$ 0	\$ 100	\$ 100
Grant-In-Aid Distribution	\$ 4,500	\$ 700	\$ 1,100	1 6,300
Total Assistance Distribution	\$54,485	\$42,928	\$30,279	\$127,692
Average Class Assistance	\$ 801	\$ 933	\$ 776	\$ 837

	<i>Freshmen</i> (1974)	<i>Juniors</i> (1973)	<i>Seniors</i> (1972)	<i>Total</i>
<i>ASSISTANCE RANGE</i>				
\$1 — \$300	10	4	2	16
\$301 — \$600	17	10	10	37
\$601 — \$900	12	9	14	35
\$901 — \$1200	14	13	4	31
\$1201 — \$1500	6	8	5	19
\$1501 — \$1800	7	1	4	12
\$1801 — \$2100	2	1	0	3

IN ADDITION, AWARDS WERE MADE TO STUDENTS  
FROM THE FOLLOWING SOURCES:

	<i>Freshmen</i> (1974)	<i>Juniors</i> (1973)	<i>Seniors</i> (1972)	<i>Total</i>
Mass. Board Higher Ed. (Medical, Dental, Nursing Scholarships)	\$ 2,700	\$ 3,000	\$ 4,500	\$ 10,200
Scholarships from other sources	\$10,836	\$ 2,510	\$ 300	\$ 13,646
HELP loans	\$ 3,500	\$ 5,000	\$ 3,700	\$ 12,200
MGH Alumnae Association*		\$ 400	\$ 400	\$ 800

\*The Alumnae Association also presents annually a Scholastic Award of \$300.00 to a Senior; and a \$500.00 award to a Senior who will continue education full time upon graduation.

The totals represent an increase of approximately \$12,000 compared to the previous year and also to the projected awards for 1972-1973.

In September 1972 the Kamper Foundation increased its award by \$1,000 to a total now of \$3,000; and a bequest of \$10,000 was received from the estate of an alumna, Miss Louise Mowbray (Class of 1922) for our Loan Fund.

The development and consolidation of the Student Personnel Services continued, with enhanced productivity and accountability for its individual as well as overall services, and significant contributions toward achieving the School's objectives and increased mutual understanding and respect between members of the teaching faculty and the staff of the

SPS. Through these efforts, gains were made in assisting students to successfully complete our program, or, if unable to do so then to seek possible alternatives. The American College Personnel Association's guidelines have been utilized in reviewing and updating our services. Student referrals for matters of personal health have been greatly facilitated with Counselors extending their functioning in this area and subsequently evidence of less need for, and more appropriate use of, outside resources. Though psychiatric referrals intermittently present some difficulties, the assistance of Dr. Robert Bragg, Associate Staff Psychiatrist, has been extremely valuable and generously offered, and some promising contacts have been made

at the Lindemann Mental Health Center.

While the ongoing problem of insufficient supporting staff inhibits maximum use of the preparation and skills of SPS faculty, priorities were reestablished and functions realigned and reassigned to free Counselors of some non-counseling responsibilities and to concentrate these within other existing positions.

In the realm of student life and activities a much more passive attitude prevailed amongst the students compared to the last several years. With a few exceptions it was characterized by non-joining, and non-attendance at group activities or meetings. The Student Organization President called it a "year of do nothing—a year of evaluation, a year of letting things simmer for things to come." There was however active concern for achieving individual goals and considering career and life opportunities, and there were some happy class social functions well attended: the Freshman Class formal dinner dance, held last June, was reminiscent of the 1950's when it disappeared from the student social scene.

While student participation on faculty committees was more benign and less regular, gains continued to be made through this medium in student-faculty understanding, respect, and communication. The Committee on Guidance, Recruitment, and Curriculum were consistently well attended but by a smaller group of students; their conscientiousness and ability have nevertheless been noteworthy.

Student housing underwent a

major change in July 1972, when House Officers and Residents were provided "On Call" rooms on the fourth and fifth floors of Walcott House, and the Parkman Street Houses were subsequently torn down. When it was decided that the 30 Blossom Street residence would be demolished at the same time, plans needed to be hastily made to relocate the five men students. Each year has shown a slight increase in our students' preference to live outside the School residences; in 1971-1972 forty-eight students chose to do so, and sixty-five planned to do so for 1972-1973.

Thus out of different life style of students and out of increasing need for space for other purposes, rooms in Walcott House are now utilized primarily for other than student housing. While the third floor is set aside for nursing students( and the Student Health Clinic), the other five floors provide space for recreation; reception; storage; meetings; classrooms for the School of Nursing, the Chaplains, and the Department of Nursing; offices; and On Call rooms for Operating Room personnel and for the medical groups mentioned above. The changing ecology has several implications for which further planning and follow up will take place. Concerns include privacy; adequate recreational space for the various varying groups' interests and needs; increasingly heavy use during the day, and some evenings, of living and recreation rooms for planned functions, meetings, and seminars; disparate "rules and regulations" for the groups who occupy the house; and the feeling of moving out of the

mainstream of student life.

Reference to students would not be complete with mentioning the new uniform which was adopted in September 1972. The change was precipitated primarily because the fine cotton black and white checked fabric could no longer be woven; for several years this has been threatening and became a reality, so the change provided time for deliberation by faculty and students of several alternatives. Out of this the decision was made to adopt a black and white checked synthetic drip-dry material fashioned into a one piece dress with attached white collar and cuffs and bib insert. A white tunic-style apron was chosen, also of synthetic fabric; therefore students are now responsible for laundering their uniforms. The change has created much comment, from every conceivable source, ranging from highly favorable, to disbelief, to dislike. The Freshmen handle it with grace, the Seniors have discovered how fond they really are, after all, of the "old" uniform and its distinctive style!

In the realm of faculty organization, staffing patterns, and recruitment and staff development and evaluation, some of the problems of the past persist, but gains were made in terms of this precious resource. A strong spirit of involvement, participation and cooperation in achieving and reexamining the School's aims prevails; motivation and positive action to further develop and extend teaching, administrative, counseling and nursing skills is strong, and self appraisal and continuing education are ongoing. The administrative staff and several faculty members also

serve in a variety of elective or appointed offices in professional or community organizations. The plan for faculty qualifications evaluation was further refined to encourage and support the faculty in these efforts. Some staff position descriptions were reevaluated, redesigned and restated to better utilize staff capabilities, improve work methods and flow, lessen fragmentation, foster good communications and support, lessen duplication, and increase accountability and job satisfaction. A statement of staff and faculty employment policies was revised in terms of changes in the school calendar. Systems for maintaining, updating and filing student records were reviewed and modified to enhance ease and efficiency of those responsible for handling and processing and keeping such records, and for access and availability of pertinent information to those authorized and requiring it. Ongoing evaluation of the formal and informal faculty organization took place to provide for a healthy organization with the necessary and valuable input from all areas of the faculty and without overtaxing, overloading or short-circuiting the system. Committee meeting times, both in terms of amount of time and being able to establish a suitable time for at least a quorum, still present some problems due to faculty and administrative load, commitments from 7:00 a.m. to 9:00 p.m. or later, a faculty assigned to many different agencies. Nevertheless, participation and interest in the many School projects of the year occurred consistently. Ad hoc committees contributed much to the attainment of short and long-



term School and faculty goals, and a special note of recognition is due the many busy faculty members who assumed additional duties to make these activities successful and possible for all. Planned orientation of new faculty and faculty development programs encounter some of the same problems with the added dimension of new faculty joining the staff at various times of the year; a wide range of interests and needs for diversified development programs; and lack of staff to manage and conduct such programs. These functions are therefore assumed by the administrative staff and faculty standing or ad hoc committee, and with some very commendable results. Notable was the Faculty Workshop on "Being Different and What It Means." The heterogeneity of our students makes this an important concept. The focus was upon gaining an understanding of the "different" student and what it means to be "different"; examining the School's stated expectations required of the individual from the time of admission to graduation; gaining knowledge of the attitudinal and academic inferences that influence a student's success or failure; and insight to possible approaches for providing educational opportunities for the different student to enter the nursing profession. The insights and motivation gained had wide implications for admissions criteria and policies, course descriptions, and School bulletin revisions, curriculum planning, teaching and counseling. Two official statements of the National League for Nursing, "The Open Curriculum" and "Role, Knowledge, and Ability of the Diploma Program

Graduate," were studied. Workshops conducted by and for course chairman and administrative staff of the School served to examine leadership roles, responsibilities, and interrelationships, to develop deeper understanding of mutual concerns and to review some specific policies and practices to develop plans for new approaches to problems. A First Year Faculty Workshop, held in July, served to promote communication, thereby enabling the faculty to plan for integration of content throughout the first year, and thus to offer the student the best possible academic base for his nursing career. It is encouraging to see the many fine examples of faculty exploring, sharing, and working together beyond the confines of their own academic disciplines to examine curriculum strands correlation and integration more broadly, and to enhance student progression.

Many inquiries and applicants for faculty positions necessitated much interviewing and correspondence, but it is gratifying to have an opportunity to select those who appear to possess not only the academic and experience background but also the level of nursing expertise essential in our program in terms of its objectives and the demanding clinical practice settings utilized.

As in the past, resignations, transfers, and new appointments to the staff occurred from November through the summer, with the greatest number occurring in August/September just prior to the new school year. The effects of unavoidable changes or fluctuations in staff throughout the year are obvious and



have been referred to elsewhere.

There were 11 resignations, 1 leave of absence, and 2 transfers to other positions within the School. Reasons for leaving were maternity or family responsibilities; moving from the Boston area; attending graduate school full time; wishing position with less responsibilities; changing career goals from teaching to another phase of nursing. Of the fourteen teachers appointed to fill vacancies, one was returning from a leave of absence; two transferred from one teaching discipline to another; and eight others came to us with teaching and nursing experience gained elsewhere. Other appointments (to fill vacancies) included 1 librarian, 1 assistant librarian, 1 counselor, and 3 secretaries. Upon Mrs. Marjorie Grady's resignation, Mr. Richard Tierney transferred from Coordinator of Student Personnel Services to become Coordinator of Program Development and Educational Resources; his former position was then assumed by Miss Yolanda Mamone, formerly Chairman of Counselors. It is always gratifying to be able to fill some positions from within our own staff. Of the faculty, approximately 50% have earned at least a Master's degree; the remainder have Bachelor's degree, and most of these have credits beyond. No new positions were approved, though requested again. In the meantime, position descriptions were rewritten and priorities re-established so that we can accomplish our major goals with the resources that we have. We recognize the limitations which are thus presented in terms of job satisfaction, incentives to innovate and to con-

stantly reach for higher standards.

In the area of curriculum, reports of teaching areas and the Curriculum Committee document details of curriculum exploration, revision, concerns, and progress.

Both the Evaluation Committee and Curriculum Committee were actively involved in reexamining, developing, and restating our philosophy of evaluation, the purposes which it serves and methods which are used. Evaluation tools were reviewed and grading policies and practices reconsidered in light of possible variances in interpretation. Honors and warning policies were revised, and the plan for systematic evaluation of the total program furthered. Curriculum revisions were implemented smoothly for the most part. Shortened second year term present some limitations, however, by lessening the time available for planning experiences necessary to achieve course objectives when a student is absent, and increasing stress somewhat due to pressure to achieve in shorter time spans. The availability of clinical learning experience to support and achieve our curriculum goals within the limits of our faculty staffing and load continues to be a concern. Ongoing, mutual planning with others to reduce over-crowding of clinical areas, conflict of interests, and the hardships created for all when there are overlapping learners functioning at different levels of competence with accepted objectives, required major attention. Possible alternatives to certain clinical experiences are being explored, particularly in the area of Maternity Nursing where the drop in birth rate has

made it virtually impossible for all schools of nursing in the area to obtain adequate clinical experience, and the disproportionate numbers of students compared to patients at the Boston City Hospital makes it highly unlikely that we shall be able to utilize that facility next year. Plans were projected for developing a teaching-learning laboratory, simulating some clinical experiences, for care of the patient in surgery since teaching space in the Operating Room is at a premium and planned around the availability of an unscheduled room. Such a laboratory could serve for other courses as well where additional opportunities are needed to develop skills necessary for patient care.

Due to alterations in clinical experience patterns and lessened experience in the first term, it seemed that first year students manifested lack of confidence and basic skills well into the summer, with less ability in patient teaching and delay adaptation to their team role; however the first year objectives were met, partly because of increased experience in summer months when other students were not assigned to the units. The facilities of the Massachusetts Rehabilitation Hospital were explored and tentative plans made to utilize that agency for some basic first level experience next year.

Though all courses undertook some revisions and course outlines were updated, the status of the Prolonged Program warrants special mention. As the school year progressed, there was growing evidence that the students who entered this program in September 1971 would not

be able to achieve the curriculum goals at the pace originally planned and within the limits of the curriculum design. Although the number of courses the students were enrolled in was less, the length of time to complete these courses remained the same. In some instances difficulties were encountered by students in utilizing unscheduled time for additional study, and in utilizing tutoring assistance. It became increasingly apparent that teaching methods would need further modification, time boundaries of courses would need more flexibility and extended over longer periods of time, and that some participation in nursing course experience at an earlier time would be motivating and offer an experience in application of theory to practice and integration of nursing to science theoretical concepts.

A modified plan was developed for implementation in September 1972 and submission to the State Board of Registration in Nursing for approval. The plan in general allows the student to engage in learning experiences, some specially designed, in all first year courses, but the pacing and spread differs over the standard program to allow up to two years to meet the first level objectives. The supportive tutoring and classes to enhance reading and writing skills will continue.

Many inquiries continue to be received from graduates of schools of nursing in other countries, wishing to enroll in our Psychiatric Nursing course in particular, in order to become eligible to take professional nurse licensure examinations in this state. Such applicants can only be

accommodated when our courses are not fully enrolled with our own students. This year two graduate nurses, one from South Africa and another from Jamaica, were enrolled with a waiting list representing nurses from Australia, Haiti, France, and the British Isles. Thus far six have been enrolled over a period of five years. It is good to have opportunities such as this to share with others and to learn from each other. Experiences such as this make us all the more mindful of how fortunate we are to have the fine facilities and physical and human resources that we do, and for the assistance of the Administration and so many Departments of this Hospital as well as Cooperating Agencies in achieving the goals of the School and extending its benefits as widely as possible.

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## News Notes

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In a newsclipping from the Fall River *Herald News* we learned that Carol A. Garant received her MS degree in psychiatric nursing from Yale University, New Haven, Ct. Carol graduated from the alternate MGH-Northeastern University program in 1966. She received her BSN from the University of Pennsylvania. Her nursing includes experience at MGH, University of Pennsylvania Hospital, Philadelphia General Hospital, Thomas Jefferson University Hospital and Yale-New Haven Hospital.

While an instructor in psychiatric nursing at MGH she wrote an article "A Basis for Care," in which she

created a systematic approach to writing nursing care plans. The article was published in the April '72 issue of the *American Journal of Nursing*.

On May 2, 1973, Carol presented her thesis "Psychosocial Stressors Experienced by Patients with Myocardial Infarction," at Psychosomatic Grand Rounds at Yale-New Haven Hospital. She also presented her research endeavors at the 3rd Annual Scientific Sessions on May 31st at Yale University School of Nursing and has submitted abstracts to the American Heart Association Council of Cardiovascular Nursing Scientific Sessions.

\* \* \*

Elizabeth Parker Hartl, class 1931, was named Massachusetts Mother of the Year for 1973. Interesting articles about Mrs. Hartl appeared in both the *Herald Traveler* and the *Boston Globe* in April.

For the past 41 years, Dr. and Mrs. Hartl have been mother and father to 9000 boys from broken homes who have lived at the Hayden Goodwill Inn School for Boys. Dr. Hartl, a Methodist minister and author, is founder and director of the school established by Morgan Memorial Goodwill Center. The Hartls lived in the school until five years ago and Mrs. Hartl helped with the boys care and guidance. The Hartls have three sons who played and grew up with the other boys.

Mrs. Hartl attended Boston University. She has served on many community boards and is past president of the Massachusetts Church Women United. She has served with the Planned Parenthood League,

Citizen Crime Commission and the League of Women Voters.

From 1954 to 1968, Mrs. Hartl traveled as a volunteer officer in social action for the Board of Methodist Missions on both a local and national level. She recently completed a round-the-world trip to many Methodist Church Mission Stations.

Mrs. Hartl was honored at a reception on May 2nd at the State House attended by Governor and Mrs. Sargent.

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## Dr. Neumann Resigns

Dr. Ellsworth T. Neumann, Administrator of MGH for 21 years left the hospital on July 1, 1973 to become Vice President for Administration of The Rockefeller Foundation. He will be rejoining Dr. John Knowles, former General Director at MGH.

Dr. Neumann came to MGH in 1949 as Assistant Director. He rose to Executive Officer before becoming Administrator in 1952. He originally planned to stay at MGH for three years. When asked why he stayed 24 years he said that he "fell in love with the hospital."

He was responsible for a number of changes including the improvement of nursing service and the enhanced physical appearance of the hospital.

Mr. John Lawrence, Chairman of the Board of Trustees said, "Dr. Neumann is a man who worked tirelessly and unselfishly to keep the MGH in the forefront of American

hospitals." Dr. Charles Sanders, General Director, describes Dr. Neumann as "an administrator who worked quietly and made many important contributions to the MGH and its employees."

Dr. Neumann will be greatly missed by everyone at MGH and by our Alumnae. The Neumanns will be living in Scarsdale, N. C. We wish them well.

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### Note from the Alumnae Office

Can anyone supply us with the address of M. Ruth Sheldon Hawley? She has been an Alumnae member for many, many years. Her recent mail has been returned to the Alumnae office marked "moved." We would like to see that she receives her Quarterly Record.

\* \* \*

Dear Mrs. Lawlor,

Please forgive me for taking so long to acknowledge the MGH plate which I received at Homecoming last year for coming the greatest distance. I was very surprised when my name was called. It was great seeing some of my classmates again and the changes in the General since I was a student. Please express my thanks to the Alumnae. I will always cherish the plate.

I retired from nursing again in December to await the birth of our second child. Shari Renee was born April 28, 1973. She just missed arriving on my birthday by a few days.

Sincerely,

Margaret Oszejca Braun, 1962  
Englewood, Colorado



## In Tribute

### **Marie Scherer Andrews**

It is with deep regret that we report the death of Marie Scherer Andrews, on April 16, 1973 at the New England Baptist Hospital.

A native of Brighton she came to MGH in 1933 and graduated in 1936. She worked for a year in the Baker Memorial and then became a head nurse at the Eye and Ear Infirmary. From 1938 through 1940 she was supervisor and instructor of the Affiliate and Post Graduate course at the Infirmary. In 1941, Mrs. Andrews returned to the General and stayed until 1947 as surgical and orthopedic supervisor and instructor in the School of Nursing. During this time she also became instructor in orthopedic nursing at Boston University School of Nursing, and in 1949 went to Boston College School of Nursing as assistant professor of nursing education. Her association with Boston College continued until her death.

Mrs. Andrews earned her BS in Education at Boston University in 1941 and her MS in 1949. She also attended courses at Harvard School of Public Health and Boston College Graduate School.

In 1948, Mrs. Andrews lectured at the First International Congress on Infantile Paralysis. In 1949, she became coordinator of all nursing care in the polio epidemic for the National Foundation for Infantile Paralysis, the American Red Cross, and all health departments in Massachusetts. She arranged care for all polio pa-

tients in Massachusetts hospitals, recruited nurses, and directed the instruction of all nurses and volunteers. The National Foundation awarded her with a Citation of Merit in 1951, for her outstanding work during the epidemic.

Mrs. Andrews founded and directed the Boston College School of Nursing Continuing Education Program, and initiated the school's Master's degree program in nursing. In September 1972, Boston College gave her a 25th Anniversary Award in recognition of her devotion to the purposes of the School.

At the time of her death, in addition to her position at Boston College, Mrs. Andrews was a member of the Massachusetts Board of Registration in Nursing, and served as Alumnae representative to the Trustee Endowment Fund Committee.

A devoted and loyal friend, an excellent clinician and practitioner, an outstanding teacher who demanded the best from her students, Marie Scherer Andrews will be fondly remembered by all who had the good fortune to know her.



### **Dr. Francis M. Rackemann**

Dr. Francis Minot Rackemann, 85, pioneer in the treatment of hay fever, died in March 1973.

A native of Milton, Dr. Rackemann graduated from Harvard College in 1909, and Harvard Medical School in 1912. When he took his intern exams for a position at MGH,



the exam was given in Dr. Herman Vickery's office at 263 Beacon Street. After his marriage in 1917, the same house was given to him as a wedding present and became his home and office.

After two years as a Medical House Officer at MGH, he spent two years at Presbyterian Hospital in New York on research on anaphylaxis. In 1916 he returned to the General and began to study patients with asthma in Medical O.P.D. During WW I he served in the Army Medical Corp. but returned again to MGH in 1919. He took over the newly formed Allergy Clinic, an association which lasted until his retirement in 1948 as Physician at MGH. He continued to see patients into his

eighty-fourth year. Only a week before his death the American Academy of Allergy established the Francis Minot Rackemann Lecture-ship to honor him.

Dr. Rackemann had been an officer and member of countless medical societies. He was a member of the American College of Physicians, the Association of American Physicians, and the American Academy of Arts and Sciences. He held honorary memberships in the French, British, Canadian, Dutch, Italian, Spanish, Scandinavian, Danish, and Argentinian allergy societies.

The French government presented him with its Medal of Public Health in 1952 for "his outstanding work in the field of allergy."

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## In Memoriam

- 1898 Alice Lemont Pelson on February 25, 1972 in Medway
- 1908 Ella Tomkins Hamilton on March 17, 1973 in Cambridge
- 1912 Edith Whitehead Pew (no Information)
- 1914 Edith E. Goss on March 16, 1973 in Manchester, Conn.
- 1919 Jennie Linnell Dion on April 3, 1973
- 1921 Julia P. Wilkinson on January 14, 1973 in New York
- 1922 Birdella F. Ray on March 6, 1973 in Springfield
- 1922 Isabella Ashcroft Church on February 26, 1973 on Cape Cod
- 1923 Ruth Olsen on April 2, 1973 in New Britain, Conn.
- 1925 Ethel M. B. Pithie on May 8, 1972 in Laguna Mills, Calif.
- 1931 Edna Rackcliffe Frazier on August 1, 1972 in Standish, Me.
- 1932 Velma Trull Chambers on February 3, 1973 in N. Tewksbury
- 1936 Marie Scherer Andrews on April 16, 1972 in Boston
- 1943 Marion Hamlin Tapin on April 23, 1972

# News... of the Classes

1898

We have been notified of the death of ALICE LAMONT PELTON during the week of February 25th at the Mary-Land Nursing Home (Medway) where she had been a patient for two years. Mrs. Pelton had celebrated her 102nd birthday on January 15th. Born in Lakeville, Nova Scotia, Mrs. Pelton came to the US when she was 17. She graduated from both MGH and McLean Schools of Nursing. During World War I she was stationed at the New York General Army Hospital as a Psychiatric Nurse. She is survived by two nieces, both of Nova Scotia.

1908

We have been notified of the death of ELLA TOMPKINS HAMILTON on March 17th in Cambridge. Contributions in her memory may be made to the Sick Relief Fund.

1912

Mail sent to EDITH WHITEHEAD PEW has been returned marked "deceased". No information available.

1913

The following note was received from CATHERINE GAYNOR SKIPPER. "Am well, stay healthy, 80, still operate the music house, accumulating great grandchildren. If I can locate class song I wrote years ago for our reunion may send it to the association. When I retire — probably in a year, hope to copy it and the music on the music writer. Greetings to all."

1914

We have been notified of the death of ETHEL E. GOSS on March 16th in Manchester, CT. Miss Goss was born in Berlin, N.H. but had lived and worked in the Boston area until her retirement about twenty years ago. At that time she returned to Berlin and only moved to Manchester about a year ago, making her home with a nephew.

1916

The following note was received from HELEN JORDON LAMB. "I graduated from MGH on October 9, 1916 and sailed on the *Andania* of the Cunard Line on Nov. 19th for France. Joined the Harvard Unit, a volunteer unit of 30 doctors and 100 nurses. Dr. Hugh Cabot was our Commanding Officer for the last two years. We returned in January 1919. I was born in 1886. I'm proud of the MGH and the Harvard Unit. God Bless America."

1919

Pauline Dion Wilson has notified us of the death of her mother, JENNIE LINNELL DION on April 3, 1973. Our sincere sympathy to Mrs. Wilson and her family.

1921

Beverly Horner Bigelos, daughter of HELEN TROTT HORNER has notified us that her mother is in a nursing home and unable to participate in any of our activities. She gave no other details and we are indeed sorry to hear that Helen is ill.

We have been notified of the death

of JULIA P. WILKINSON on January 4, 1973 in New York. No other details are available.

## 1922

We have been notified of the death of BIRDELLA F. RAY on March 6, 1973 in Springfield. Miss Ray worked for many years as a nurse at the West Point Pepperell manufacturing company in Boston, retiring 12 years ago. She is survived by her three sisters.

We have also been notified of the death of ISABELLA ASHCROFT CHURCH on February 26, 1973 in the Cape Cod Hospital.

ADALINE CHASE has reported the death of the husband of JULIA MASON BODINGTON on October 1st just a month prior to their 50th wedding anniversary. We know that all members of the class extend their deep sympathy to Mrs. Bodington.

## 1923

We have been notified of the death of RUTH OLSEN on April 2nd in New Britain, CT. Miss Olsen was former Superintendent of the New Britain Memorial Hospital and active in the nursing profession for more than 40 years. At the time of her death she was serving as administrative consultant at the hospital. She was a former public health nurse consultant in the Bureau of Maternal and Child Health of the Connecticut State Department of Health. At New Britain Memorial, she developed Teentown, a department especially designed for school age children and the Rainbow Nursery for care of infants with birth defects. She is survived by a brother and sister.

## 1925

We have been notified of the death of EDITH M. B. PITHIE on May 8, 1973 in Laguna Hills, CA.

## 1927

Ethel Clow Black  
Sewall Road  
Wolfeboro, N.H.

When I signed the Alumnae Fund Drive letters, I wrote a note to each member of the class announcing a Class Dinner Party on Friday, September 28th. A few responses with news items have been received.

MAYBELLE PEVERLY FAIL-ING and Don are coming north from their Florida retirement home in June to attend a wedding, so she regretfully will not be able to attend the Centennial.

MARION MAXWELL has retired from nursing and has moved to an apartment complex. Her new address is: 18 Beacon St., Lawrence. JANE MACDONALD SULLIVAN has also retired from her job. She and Marion met recently and both plan to be at the dinner party.

A note from RUTH KETCHUM PIPER says she will join us. HARRIET HARRIS LAIRD, because of ill health has moved to Sudbury Pines Nursing Home, 642 Boston Post Rd., Sudbury, and regrets that she will be unable to be with us, as her "walking ability leaves much to be desired."

REINE GIBEAU TREDEN-NICK and MARY BALDWIN RUDDEN are planning to fly east from California and are looking forward to attending the Centennial. Others who plan to attend are HELEN BAKER, MARGARET MURRY ALLEN and your class

agent, **ETHEL CLOW BLACK**. Anyone who plans to attend the Class of 1927 dinner on Friday night please contact either Margaret Murray Allen, 2 Brewster Rd., Hanover, N.H., or me at the above address.

### 1931

The following note was received from **SADIE TIBBETS EATON**. "At Christmas I received the news of the death of a former classmate, **EDNA RACKCLIFFE FRAZIER**, from her husband, Retired Capt. George F. Frazier. She died suddenly at their home at Standish, Maine, on August 1, 1972, of a heart attack. Besides her husband, she is survived by a step-son, and two married sisters. She did private nursing at MGH for many years after graduation".

### 1932

Notice has been received of the death of **VELMA TRULL CHAMBERS** on Feb. 3, 1973 in North Tewksbury. No other details available.

### 1935

We received a copy of a letter written by **LILLIAN FLETCHER CARROLL** to relatives and friends in Nov. 1971. A portion of the letter tells of Lillian's activities, which I would like to share with her classmates.

"Dick is on the mend after a year of illness and is involved in painting the house. I keep well and am still enjoying my position at the Florida School for the Deaf and the Blind as Guidance Counselor-Blind Dept.; it is a most challenging, stimulating, and rewarding position. I enjoy playing my cello in the Blind Dept. orchestra and also act as chaperone on our

many trips throughout Florida giving performances.

"I am teaching in a Vocational Guidance Course as part of a cooperative school program and this has begun to prove its value in the college and industrial placement of our graduating students and their ability to better present themselves in an interview situation with sighted employers — some or maybe most of whom have to be sold on the abilities of the visually handicapped.

"I am also working in a work-study program where we place our students out in various work situations in St. Augustine and they go to school for one-half the day and work training one-half the day. Florist shops, service stations, and a Veterinarian Hospital are some of the areas in which our partially sighted can work and we hope to find others. We also hope to sell some employers on trying our totally blind in areas that can use their capabilities."

Lillian added the note that this program is continuing and making good progress. She also enclosed a copy of page 152, of "The Two Thousand Women of Achievement", 1969; in which she was named. Her list of achievements is staggering. It most certainly profiles a picture of a very busy, involved and dedicated human being.

### 1936

Marjorie Goldthwait Richardson  
386 Riverway, Apt. #2  
Boston 02115

It was the fault of my procrastination that I missed the deadlines of the last two issues of the Quarterly. Sorry, will try to do better but need news.



Homecoming 1972 is stale news but we did have a small representation. THELMA INGLES was one of those in attendance. Since then she has been in Columbia, S.A., Africa and Guatemala, and in April was going to London to work as a volunteer nurse in St. Christopher's Hospice, then to travel in that area for two or three weeks.

Evvie sent me a note from LOUISE MOSHER who has retired from her work in Colorado and is going to Europe to live.

Elsewhere in this issue I'm sure there is mention of MARIE SCHERER ANDREW's. She was a professor of nursing education at Boston College School of Nursing. Flowers were sent from the class and contributions in her memory may be made to the Sally Johnson Scholarship Fund.

By the time this is published it will be too late to make plans for a 1936 social session at Homecoming, so I am hoping many have returned their cards to EDITH LEE MACCORMICK.

This spring I have had the pleasure of separate luncheon dates with Edith, whom I visited in her attractive home in Norwell, RENE VANDERSLECT STEWART and BARBARA GROFF HAVEY. The latter two "blew in" to town and I was able to meet them. Both look great and are busy with their families and homes. Barbara is also a painter, working with all sorts of media and doing seascapes and other studies. Rene lives in Greenwich, Conn. and Barbara in Tequesta, Fla.

1937

Susan Robins Groff  
14 Lucian Street  
Manchester, Ct. 06040

I'm sorry that I was not able to send any news along to The Quarterly in the last issue, but there was just not a bit of news to report. However, shortly after the March 1 deadline I received a nice letter from CATHERINE LEONARD CROTTY, in which she sent me two snapshots of our class reunion in September. With a little bit of help from the names she wrote on the back I recognized everyone, so thirty-five years has been kind to all. It was fun looking at the pictures. I certainly appreciate Kate's thoughtfulness.

The BIG HOMECOMING in September sounds like fun, and I think that all the committees have done a bang-up job in all the plans. I hope as many of you as possible can attend.

That seems to be about all I can report this time. Maybe some of you have some news you could send along so that I can get it into The Quarterly. I have to depend on those who receive it, as those in our class who aren't members of the Alunnae Assn. don't get The Quarterly, and therefore are unaware of my desire for news. So spread the word around. By the time this is published summer will be about over, so I hope you all had a wonderful vacation.

1938

February and September Sections  
Ruth M. Farrisey  
Mass. General Hospital  
Boston, Ma 02114

An effort has been made to gather our classes for Homecoming, Septem-



ber, 1973.

Our study revealed two deaths beyond that of ALICE BELMONT which occurred many years ago; EVELYN FRANZEN HILLSTROM and VIRGINIA PLATNER NILES.

Thirty-one class members said they were coming and another two said that they would try to make it. However, there has been no response from the remaining 36 members; but their first class mail was not returned.

A report of the actual Homecoming, who attended, and current addresses and other information, will be prepared for the winter issue of the Quarterly Record, by L. Denio Bygrave, R. M. Farrissey, and E. R. Wolesey. **(Ruth submitted a complete list of names for each group. Am sorry that space will not permit printing the list. Ed.)**

#### 1940

##### September Section

Madalene Brown Calogiro  
11 Vaness Rd.  
N. Weymouth, Ma 02191

CATHERINE NORRIS had a very interesting article in the January issue of *Nursing Outlook* entitled "Delusions That Trap Nurses". As I reported some time ago, Cay is now Dr. Norris. She was formerly associate professor of nursing education at the University of Kansas Medical Center, Kansas City. She is presently part time nursing clinician and consultant. There was a picture of Cay with the article. I haven't seen her since she moved from Boston, but from the picture I would say that like the rest of us, "she hasn't changed a bit."

When this Quarterly reaches you,

the days for the Centennial will be very close. I hope more will have made reservations. As of this writing there are nine members from each section registered.

Hope to see these 18 members plus many more on September 28th.

#### 1943

We have been notified of the death of MARION HAMLIN TAPIN on April 23, 1972.

#### 1945

From the Spring issue of the *South Shore Hospital News* we learned that FRANCES BALCHUNAS GNONG has been named a trustee of the Southeastern Regional Chapter of the Massachusetts Heart Association. Frances is head nurse of the Cardiac Care Unit at the South Shore Hospital in Weymouth.

#### 1947

##### February Section

Marjorie Blackwell Sullivan  
28 Grace Road  
Quincy, Ma 02169

My apologies for the lateness of this report on our class and Homecoming 1972 — our 25th reunion year. Attending from our section of the 1947 class were the following: JEAN BARROWS MACDOUGALL, AUGUSTA CHRISTOPHER GEARY, GLENN A CLARK CRUFF, BARBARA DAVIS BRODIE, ANNIA LOWE GIGER, MARY WALLACE ANDERSON, ANN WALSH HASKELL, BARBARA WATSON PARILLO, YVONNE WITHERS OGILVIE and your secretary. Because many of us had other plans for the evening our visiting was all done over lunch. Wish I had taken notes — however, I have a few items of interest:

MARY WALLACE ANDERSON is a grandmother (daughter, Wendy had a beautiful red-headed son) — wonder how many grandmothers we have in our class? Mary is not working at nursing at present.

ANNIA LOWE GIGER continues to work part-time evenings at Boston City Hospital and is very busy with church work and home-making. Annia, Mary and I have a luncheon meeting 3-4 times a year at a local restaurant and compare notes and share any news we may have.

ELIZABETH ANDERSEN CARRIER and family are enjoying their recent move from Providence, R.I. to South Dennis, Mass. The whole Carrier family loves Cape Cod.

JEAN BARROWS MACDOUGALL spent a day with me in Feb. while husband, Colin attended the Boat Show in Boston. They have recently moved to a larger home in Teaticket, Mass.

I am presently working at school nursing and enjoying the work very much and the hours are ideal with three active teen-agers to keep ahead of, at least I try!

Wish I had more news for you but unless you write, there's no way to tell what's new. Hope to see MANY of you at Homecoming 1973!

1951

September Section

Marion Decker Manes

Oak Hill Rd.

Hyannis, Mass. 02601

Thank goodness for Christmas cards! At last I have something to write about. Thanks to those of you who wrote some news of your activities.

JOAN MCCARTHY PETER-

SON made the deadline for a change. Joan seems shook up that her 13 yr. old baby, Andrea is 5-ft. 4-in. — a teenager and going into high school. Paula is 16 and doing fine. Joan is looking for a job but having difficulty finding one that pays a decent wage — says school nursing pays the grand total of \$3800, and she would have to buy a car and uniform besides! She saw NATALIE QUIRK MEANEY in August for a short visit.

DORIS SEARS BATES has a fairly new address — 1845 Argonne Drive, Morrow, Ga. 30260. She's getting to be quite a blasé — has a new nursing school and another dental hygiene school — same ol' thing, she says. Peter is a junior at North Georgia College, so there shouldn't be anything keeping you from the Centennial; hope to see you there!

MARY SARGENT MACKIN has a new address, as well as a brand new home. It's Jersey Lane, Manchester, Mass. 01944 — a beautiful location which I saw when only strings marked the location of the house-to-be. They moved in May and were inundated by Ed's relatives all summer. However, Sarge used good "U of R" and she and Ed took advantage of the built-in babysitters and spent a week in Canada. Marita and Michael are fine, as is husband, Ed. He's waiting for Sarge to give him a tour of M.G.H. Egad, I wouldn't venture in there without St. Bernaard dogs. I'd be lost right away. Sarge hopes to be at the Centennial.

BARBARA WHITLOCK SUTHERLAND is presently working at a nursing home, but hopes to move

back to N.E. after their divorce becomes final, and plans to attend the Centennial.

**GENEVIEVE RICE RESENKRANZ** is very happy working in a bookstore. Jim, Jr. is in college. She writes that Jim Sr. saw **MARION KELLEHER EVANS** at a medical meeting in N.Y. Kel said Jim looked about 30 yrs. old. Kel also wishes that her kids would quit saying to all their friends and their parents "my mother can drive". I'm with her!

**DORA CAPETTI CRAWFORD**, **OLGA SADOTTI AASEN**, and **VIOLA PERSECHINO CATTAFE** just sent cards, but **ANNE ZANEWSKI KUTOWSKI** and **HILDA NELSON FENELEY** added that they hoped to be at the Centennial.

**KATHERINE PINCKNEY BROOKS**, correct address was 1790 Bruckner Blvd., Apt. 5D, Bronx, N.Y. 10472 all along. She sends some sad news about her mother who is 79 and has Parkinson's disease. You know our thoughts are with you, Pinky, and I always appreciated your kind words during my mother's illness. Husband Rod is still trying to make his air-conditioning business a go, and Jay 13 and Sidney 11 joined them on a trail-hiking expedition in N.H. last summer.

**JUNE MARINER TOPLIFFE** is back to nursing as Surgical float and loves it. Two of their children are in college and three are still at home. She feels that the Centennial is out of the question — too far. We'll miss you, Junie!

**JOYCE SEVERY JONES** and Don bought 5 acres, a small house and barn 18 miles from where they live, so all summer was spent in fix-

ing up. They only got to go camping 4 times, which doesn't sound like too much of a hardship to me, Joyce. Even twice would be too often.

**THELMA PORCELLI ROBY** was hoping that they'd be living in the Concord, N.H. area but haven't had a reply to Ted's request for a transfer yet, so they're still in Maryland.

**DORIS STONE BERGERON** was at M.G.H. for Parent's Day in Nov. to hear Carol's talk. She also visited her folks in N.H. Their backyard neighbor at McDill Air Force Base happens to be **JOAN HUTT BERENAK**, who was in the Feb. section of our class; so it truly is a small world. Dodie and Noel have a college boy, Bryan, a freshman at U.N.H. and Carol at M.G.H., and 5 still at home. Noel was promoted to Col. in July, and they're due to move this summer but don't know where yet. She hopes to be at the Centennial.

**BEA MERZ MCHUGH** and Ed are grandparents. I can't believe it! Judy's married and has a little boy. Tim is 17, and Penny is 10. Bea's looking for a part-time job, but not in nursing.

**VIRGINIA PIEROBELLO SABIN** called her (Bea) last fall. She's teaching in a Jr. College in Maine. Bill and the kids visited Bea and Eddie last summer.

**DOROTHY GRACE SNOW** and family took a camping trailer trip to Calif. last summer — staying mainly in Federal parks. In Yellowstone she entertained the family by being chased by a bear! (You'd always do anything for a laugh, Dot!) She's back safely working 3 nights a week in a

local nursing home and is amazed to discover that so much of the equipment we spent so much time washing, sterilizing, scorching is now disposable. Such is progress.

JOAN VAILLANT PARENT is working as Day Superintendent in Hahnemann Hospital in Worcester. Joanne, 16, wants to become a teacher of Nrsng. Arts and obtain a degree. She's a junior in high school. Robert 9 and Eugene 6 are in Cub Scouts.

JANET STOCKS MOORE nearly threw me for a loop with her card and annual photograph. Though Bill has aged rapidly since last year, but on further investigation discovered the man in the picture is Bill's father. Daughter Jan looks exactly like J.B., who wrote that she and Bill are looking forward to their 2 weeks vacation in Florida. Kate, Sue and Will spent summer at camp while Jan spent 6 weeks in France. Bill was in Georgia in Nov. and visited Sears, and J.B. saw Barbara Whitlock Sutherland in October.

Yours truly goes plodding on her rounds of 3 schools becoming more involved than ever. I'm getting some nursing experience, since we have a girl with congenital bilateral hip degeneration, who can't get into the bathtub at home, so I volunteered to help her take a shower in school. It's really a challenge since she can't bend readily, but must sit on a chair in the tiny shower stall, since her crutches would slip on the wet floor. We both have quite a workout. Our school, besides the regular 6th, 7th and 8th grades, has 3 different classes of special education consisting of retarded trainables, retarded educa-

bles and emotionally disturbed, so I'm quite involved with these children and their families and teachers. So please don't think school nursing is just taking their temps and sending them home — that's about 1/10th of the job. At present we're working with the Division of Child Guardianship trying to place two neglected retarded brothers in a foster home, because the mother is incompetent. I took them to an oral surgeon yesterday who extracted six teeth, and when I took them home their mother was out, after having promised she'd be there to give them something to eat, after their fasting all day. As you can see, this job is frustrating as well as rewarding. Chuck and the girls are also busy with their pursuits and we usually manage to all eat dinner together occasionally.

I am looking forward to seeing many of you at the Centennial and am hoping to be there for the 3 days.

1956

#### September Section

Barbara Doyle Herlihy  
142 Trull Road  
N. Tewksbury, Ma 01876

News has been Nil of late, but I do want to express the hope that many of us will attend the Centennial observance in September.

Because of a very busy schedule which I'm sure matches those of us all, we did not attempt to plan a class reunion; however we hope that as many as possible will meet, especially at the Homecoming luncheon on Saturday, September 29th.

"The little lamps of friendship we  
light along the way  
Go shining on far down the years  
and brighten every day;  
'Tis love that keeps them burning  
and Sympathy and trust;  
God help us that no lamp goes out  
because we let it rust."



# MGH CAPS

Mrs. Catherine Britt, 88 Whitman Ave., Melrose, Mass.

**4 for \$8.00 postpaid**  
(Minimum of 4 Caps)

Prices include postage for regular mail in the United States.

*Please add 75 cents for Air Mail.*

1959

Diane Floyd Baker  
2816 Oneida St.  
Washington Mills, N.Y. 13479

We are enjoying life in Utica, which has already produced some unexpected extras, chiefly a chance to head Dr. Paul Dudley White speak at the annual Heart Day for Nurses, an educational day-long program. You can bet I was proud to be from MGH that day! I will attend a similar program on cancer, this week, which looks great, although it boasts no names as famous as his.

I begin a week's orientation at the Catholic Hospital here on June 4th, preparatory to working 3 days a week, to which I look forward eagerly although with some trepidation after 13 years away from floor duty. Miss Petzold was most helpful with records and references.

Mother and I will look forward to seeing everyone at the Centennial festivities in September.

1963

Carol Gandolfi Hiller  
3032 Aaron Drive  
Chesapeake, Va 23323

LORRAINE GELINAS HARDEN-BROOK has consented to chair the 10th Reunion Committee and is send-

ing out information regarding our activities; a dinner party at the Sheraton-Boston on Friday, Sept. 28th. What little funds our treasury holds will be dissolved come Sept. We will gift the School of Nursing \$100, supply a toast at the dinner and pay the bartender fee — so be prepared to pay for your dinner. You may bring a guest (escort) if you wish. Hope to see you there, please plan to attend.

ANNE DEMARINI GRELOTTI and John are expecting their first child in May. They live in Conn., and I think just bought a new home. JANICE GRELOTTI NELSON is convalescing, a back ailment. Speedy recovery, Janice.

CAROLYN KENNY KOEHLER wrote at Christmas that all was well in the Brown University community — 106 E. Manning St., Providence, R.I. 02906. HONOR KEEGAN is back to clinical instructing at MGH School of Nursery after a thoracotomy in Feb. Hope you continue to improve, Honor.

JUDITH GARDINER CLOSSEY is working as a school nurse and really enjoys the hours. Wanda and Jeff are both in school now. Judy hopes to see all of us at our 10th.

KARIN CEDERHOLM ITRATO has two sons, Christopher 3 and Kenneth



ae 1. The Itratos live at 10 Violet Rd., Burlington and always welcome classmates. SYLVIA BOYCE CEDERHOLM and Roger moved into their own home at 278 Connecticut Ave., Newington, Ct. 06111. Their Michael is already 10 and premie Kristen is 2½ and doing well. I don't think Syl is active at nursing at present.

NANCY GARIS HUDGINGS wrote that Dan was back at school full time working on his PhD in physics. She is still teaching nursing students and 3 years old Janice is in nursery.

ANN FINLEY FALLON sent another lovely Christmas card that she designs. She said that they have moved to a 10-room house near San Francisco that has "potential" and a pool and is situated in a lovely neighborhood. Son, Don, is in nursery school and Katie is a typical 2 year old wild woman.

DIANE GRITS GURNEY wrote that Peter finished anesthesia school and took his boards. They will be in El Paso, Texas another tour and love it. Diane is still working full time, and will start school at the University of Texas in Jan. '73. Pete is 9 and a cub scout, Pam is 7 and a bluebird and both are taking piano lessons.

KENDRA SWANSON DAVIDSON lives at 9 Blackhouse Dr., Acton 01720. I understand she was expecting her third child in June.

Well, folks that's it. Please plan to attend our 10th and let Lorraine know you are coming.

\* \* \*

Lorraine Gelinas Hardenbrook  
246 Park Avenue  
Arlington, Ma 02174

Our 10th reunion is forthcoming! Plans have been completed for a cocktail hour reception with cash bar and dinner at the Sheraton-Boston on Friday, Sept. 28, beginning at 7 p.m. It is an important event for all of us and chance to meet with old friends. Hope that as many of you and your husbands will attend. Each of us will have to pay her own way and that of her guest as our remaining class money will be used for a class gift and incidental expenses. During the summer you received a letter verifying reunion plans and requesting reservations and menu choices for the dinner.

Meanwhile, I need help locating the following members: C. ANTON, S.

ATKINSON, J. BANE, C. BRASIER, C. COOPER, C. CRONIN, C. CROTTY, C. DAVIS, C. ELDRIDGE, K. FASANO, A. FERRARIS, S. FOX, E. GIBBONS, J. GREANER, M. HAWN, E. HUGHES, J. MARGETSON, C. MCIVER, C. REIKERT, E. ROCKWELL, N. RUGGLES, N. SEARS, M. SEAVEY, M. STORM, C. SUKUS, G. TABACCO, L. TEGETHOFF, J. TROMBA, J. WILKINS. Please let me know where you are.

1964

We received the following birth announcement. Melissa Jane, third child, second daughter, born March 9, 1973 in New Orleans, La. to JANE GRELOTTI NELSON and Gary. Congratulations!

Jane Grady Piche  
Qtrs. 950-B

Governors Island, N.Y. 10004

I was sorry to see no news of the class in the Winter Quarterly. I've just received word that Jane Grelotti Nelson had her third child in March. CAROL GIROUARD LEE, 1746 B Pinte Dr., Cheyenne, WY. 82001 is expecting her fourth child on Father's Day. John is presently the anesthetist at the AF Hospital on Francis E. Warren AFB. We have thoroughly enjoyed our tour in New York. Living on an island in the middle of New York harbor has been a unique experience and we will miss the ferry ride to Manhattan. We will be going to Washington, D.C. this summer for a four year tour at Headquarters and have bought our very first house at 2205 Hyde Lane, Bowie, Md. 20715. Our 2 boys, Jim and George, are 5 and 2 and growing fast.

Jane and Carol are planning to go to Homecoming 1973 with me. We hope to see you there!

1966

Joanne Sweeney Burke  
21 Michigan Dr.  
Hudson, Ma 01749

Everytime I receive the Quarterly I decide its time to send in some news, then I receive the next issue. Well, here goes finally!

My husband, Richard and I have been living in our new home here in Hudson since May '72. It has been loads of fun picking wallpaper, rugs, etc. and doing the decorating ourselves. Still have things to complete, but with the birth of our daughter, Jennifer Lynn on Feb. 15, 1973 we've

slowed down some to really enjoy our doll. Until Jennifer was born I worked full time in the In-Service Dept. at Fernald State School in Waltham and kept in touch with MGH by presenting a one-day workshop on M.R. for the Pedit group of students. Am planning to go back part time real soon.

I've kept in touch with BRENDA MOLLOY KENNEDY. She and Brian and 2 beautiful daughters are living in Barre, Vt. Brenda's only job right now is mother and wife.

Last Christmas I received a card from LAURIE WILSON GIBSON. She lives in Cambridge, has two children and works part time at Mt. Auburn. I ran into HELENA MCDONOUGH at a workshop in Sept. She was working part time at Tufts and going to school for her B.S. MARY ANN MCNIFF is going to B.C. She attended one of our evaluation clinics last year and at that time one of her classmates was DEBORAH LOWE.

I just love to get the Quarterly and read news of our class. So come on gang—it really isn't hard!

DEANNE DAYTON CALLOR writes from 342 E. College St., Oberlin, OH 44074, to tell us of the birth of her third child, Christopher on April 5th. Prior to Christopher's birth Deanne had worked part time. She is planning to attend the Centennial and hopes to see many classmates.

\* \* \*

I received a short not from DONNA BRIEN SULLIVAN telling me she has two children, Tommy age 2½ and Steffani age 8 mos. Donna said she keeps very busy, but also works 3 evenings a week in the new coronary care unit at the Goddard Memorial Hospital in Brockton, Ma.

1967

Claire Stone Steward  
29 Bus Rd.  
Salem, NH 03079

PAULINE WORDELL BLOKKER and John and their two children have left N.H. and returned to the Cape. Their new address is: P.O. Box 555, Osterville 02655. Pauline is enjoying the life of leisure at present and has taken to refinishing furniture.

DIANE BRUCE MORRISON and GEORGE had a son, Peter Todd, April 19, 1973. They are living in Bricktown, N.J. SUE FOLEY is spending a week

in Spain during a semester break. She is working on her BSN at Purdue.

An article in the Holyoke Hospital "Staff Lines" newspaper makes not of the fact that NANCY BEY SWARTWOUT has been named Chief Technician of the EKG-EEG Department.

DONNA BRESLIN MEDICUS and her husband John have bought a home on Chase St., Danvers, MA.

In January, a chapter of the Critical Care Nurses Association was begun here in the Merrimac Valley. Anyone in the area interested is invited to attend. Contact me for further information.

\* \* \*

Mary Burke Atkins  
485 Collicello Street  
Harrisonburg, VA 22801

CAROL PERRY CURTISS sent word that CHERYL ENOCHS RESCH and husband Bob are in Germany where he is a major in the Army. They have a daughter Nancy, and plan to be home this summer.

EILEEN THOMASCH has just returned from a two week vacation in Hawaii—had a marvelous time sunning, swimming and sightseeing. I enjoyed a one night visit with her while she was down visiting her parents in Rockville.

Eileen had word that MARYLOU DAHL WELCH and John have moved into their new apartment on Charles St. (I don't have the address) Marylou is doing private duty at MGH.

The Atkins are in the process of leaving for a three week camping trip in eastern Texas and Big Bend National Park. David, at 2½, is very excited about the tent and his sleeping bag, so it should be an interesting trip.

1968

We have received an announcement of the birth of William Steward Aldrich at Walter Reed Hospital on April 13, 1973. His proud parents are ELIZABETH CORBRIDGE ALDRICH and Jim. William sounds like a bouncing baby boy, weight 9 pounds 4 ounces and 22½ inches in length.

\* \* \*

Ruth Bowdoin Balboni  
6 Redwood Mews  
E. Walpole, MA 02032

MARY COLLINS was married Feb. 24th to Edward Stratton, a graduate of

Colby College with a master's degree in business administration from B.U. They will be living in Belmont after a wedding trip to Quebec.

BARBARA REPUCCI CASARANO finally has a son, Paul Joseph, born March 2nd. She and Joe also have two daughters, Carolyn and Laura.

JUDITH CARUCCI BEERS is now a day supervisor at Winchester Hospital and her old job of head nurse in the ICU was taken over by her sister JANICE CARUCCI CRAFTS. Congratulations to both of you.

I recently saw JULIE MITCHELL ELDRED and her husband Eric. They had just returned from a trip to Washington, D.C. They are planning to celebrate their first anniversary in June with a trip to the Bahamas.

As for me, I have been accepted at the U. of Mass. in Boston for this fall and will be working part time at Choice: a Birth Control Service on Beacon St. in Brookline. Hope to see many of you at the Centennial this fall.

#### 1971

Gayle Croll Hylen  
17 Buxton Lane  
Peabody, MA 01960

BARBARA GLYNN has completed her work for a BA in psych at Univ. of Mass. in Boston and is applying to B.U. graduate school for an MS in nursing administration. She also just finished two years at the Harvard SICU at Boston City Hospital and is now working at Deaconess in their ICU.

SHARON BELL LAMPSON and Robby have a son, Neil, who must be walking by now. They are living in Florida where Rob is stationed. CHRISTINE CAMARDA is scrubbing on open heart surgery at the General. MAUREEN SCULLY is working for the anesthesia dept. at MGH and loving it.

RUTH KILDUFF is planning to be married in October to Charles Fallon — who we all know as "Goose". Ruth has finished a long stint at The Shriners. JEAN MCGREGOR BENSON is bombing around Quincy City trying to convert it to a little "Mecca".

SUSAN BINDSEIL RAYNOW and Rich have moved to Long Island where they bought an old farmhouse and where Rich's business is located. Sue's working in a small community hos-

pital and going to school.

TENNILLE CLARK is going to B.U. pre-med and has just been offered the job of head nurse on the BU metabolic research unit at Boston City. GAIL KELLY is working in the Recovery Room at Boston City.

\* \* \*

We have received a change of name and address from EDITH MCCAUSLAND. Edith is now Mrs. Francis Canty and is living at 64 Goldthwait-erd, Apt. 1, Worcester, MA 01605.

\* \* \*

DEBORAH READING reports that she was married on Sept. 9, 1972 to Carter Davis Hicks. Carter is a CPA and they are living at 900 Lake Shore Dr., Chicago, Ill 60613. Deborah was on the cover of **Modern Hospital**, August 1972. Children's Memorial Hospital ICU was featured in the magazine and that is where Deborah is working.

\* \* \*

YVONNE ARIKIAN FOLEY writes that she is a happily married woman, as of November 25, 1972, married to Kevin Foley. She is working at Boston Hospital for Women, so is a staff nurse and a very busy housewife. Yvonne reminds all classmates of the School's 100th Anniversary. "This will be my 2nd year out and my mother's 25th. I hope to see all her "old school chums" as well as mine. Please try to come! Hi, Mom!"

#### 1972

DONNA WILLS BARNABE tells us that she is now married and will be traveling quite a bit because her husband is in the Navy. They are expecting to be overseas in July. Her permanent address is 50 Avery St., N. Attleboro, MA.

#### 1973

This is to announce that KATHERINE KEENAN has agreed to act as Alumnae representative for the class. Please send class news including changes in name and address to Kathy and she will report your news to the Quarterly. Kathy's address is: 127 Woodside Lane, Arlington, MA.

## **NEED M.G.H. CAPS?**

Madalene F. Calogiro  
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No. Weymouth, Mass. 02191

Price Change Effective December 1, 1972

3 CAPS FOR \$4.75

6 CAPS FOR \$8.50

Prices include postage for regular mail in the United States.

*Please add 85 cents for Air Mail.*

**With each order, send your maiden name and year of graduation.**



# CLASS NEWS

SECTION AND YEAR OF GRADUATION

NAME

STREET ADDRESS

CITY, STATE, ZIP CODE







# THE *Quarterly Record*



M.G.H. School of Nursing  
November, 1873

*Centennial Issue*

*Fall 1973*



THE  
*Quarterly Record*

OF THE  
MASSACHUSETTS GENERAL HOSPITAL  
NURSES ALUMNAE ASSOCIATION, INC.

This Magazine is Published in the Spring, Summer, Fall and Winter





Carlene Messina '66 is wearing a uniform of the 1890's. Sharing the picture is one of the younger guests at the Centennial. (We had several babies attend, sorry I don't know this child's name.)  
(Photo #169)

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#### OFFICERS OF THE SICK RELIEF ASSOCIATION

*President, ANNE LYONS TWOMEY (1931)*

*Treasurer, MIRIAM HUGGARD (1931)*

*Vice-President, ADELE CORKUM (1934)*

*Secretary, HARRIET KENNEDY (1930)*

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#### ALUMNAE OFFICE HOURS:

Tuesday & Wednesday, 9:00 a.m.-3:00 p.m. — Thursday, 10:00 a.m.-1:00 p.m.

Telephone: 726-3144

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#### WHERE TO WRITE

Contributions to the Loan Fund and Requests for Loans: MISS ELEANOR BAUER, c/o Alumnae Office. Make checks payable to the Annabella McCrae Loan Fund.

When Someone is ill: Alumnae Secretary, Bartlett Hall, 34 Blossom St., Boston, Mass. 02114.

Sick Relief Application and Dues: MISS MIRIAM HUGGARD, Phillips House, Massachusetts General Hospital, Boston, Mass. 02114.

Requests for Membership, Alumnae Dues, Changes of Address and General Information: MRS. EVELYN LAWLOR, Alumnae Secretary, Bartlett Hall, 34 Blossom St. Boston Mass. 02114.

# THE QUARTERLY RECORD

OF THE  
MASSACHUSETTS GENERAL HOSPITAL NURSES  
ALUMNAE ASSOCIATION, INC.

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VOL. LXIII

Fall 1973

No. 3

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## QUARTERLY COMMITTEE

Editor .....	Madalene Brown Calogiro
	11 Vanness Rd., N. Weymouth, Mass. 02191
Chairman .....	Judith Harding Dougherty

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*Subscription to the Magazine is included in the dues of the members of the Association*

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All communications for insertion in the *QUARTERLY* can to be sent to the  
OFFICE OF THE ALUMNAE SECRETARY or directly to the EDITOR

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Memo to contributors. Material should be sent not later than March  
1st, for the Spring *QUARTERLY*; June 1st, for the Summer issue;  
Sept. 1st for the Fall issue; and Dec. 1st for the Winter issue.

# Editor's Page . . .

I wish I could describe the feeling of anticipation, the excitement and the pleasure of the Centennial Celebration. Those who were fortunate to attend know what I mean. The excitement began as alumnae checked into the Sheridan Hotel on Thursday; and several MGH parties were going on that first evening. Friday morning everyone was eager to pick up tickets, seek out classmates and friends, and get to the Opening Session. The interest and enthusiasm was continuous throughout the three days — it was a wonderful experience.

There were over a thousand people in attendance and we wish it could have been many more. Despite the numbers of people, everything went smoothly, all details had been anticipated. The year of work and planning that went into the Centennial was very apparent. We are deeply grateful to everyone who helped to make the Centennial possible and to the enthusiastic response of the membership in making it a success. We are particularly grateful to Ann Cahill and Frances Gibbons, Co-Chairmen of the Steering Committee. They took on a Herculean task, made it look easy (which it wasn't); and

gave all of us a never-to-be forgotten weekend.

For those who could not attend, I hope that the reports in this and the next issue of the Quarterly will give you some feeling of the program. There is so much to report that it may even be necessary to continue into the spring issue. I do apologize for this one being so late.

In this Quarterly you will find a copy of the Program, report of the Opening Session, the Keynote Address, and the papers that were given on the first day. Excepting for Miss Friend's paper, all material has been taken from the tape recordings. This has taken a great deal of time — hence the delay. In the report of the Opening Session I have included Miss Sleeper's greeting and all her introductory remarks. I felt you would find this interesting because as Miss Sleeper introduced each speaker she reviewed some of the history of the School. Here remarks are in italics.

The winter issue of the Quarterly is at the printers and should reach you on schedule. It will have the papers presented the second day and possibly some of the other reports.



**MASSACHUSETTS GENERAL HOSPITAL  
SCHOOL OF NURSING  
CENTENNIAL CELEBRATION  
SEPTEMBER 28, 29 and 30, 1973**

**SHERATON BOSTON HOTEL  
and  
MASSACHUSETTS GENERAL HOSPITAL  
BOSTON, MASSACHUSETTS**

**Social Impact of Nursing  
Past, Present and Future**

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Jill Carrico  
Rochelle Druker  
Carol Gilroy  
Maureen Tucke  
Mary Morrow

## **EXHIBITS**

Student Life at Massachusetts General Hospital School of Nursing

Exeter Room

Commemoratives

Dalton Room

## **TOURS**

of

**MASSACHUSETTS GENERAL HOSPITAL**

and

**SCHOOL OF NURSING**

**SUNDAY**

**SEPTEMBER 30, 1973**

8:00 a.m. — 9:30 a.m.

1:00 p.m. — 4:00 p.m.

**TOURS WILL START AT BARTLETT HALL**

Arrangements may be made at The Hospitality Desk for tours of The Massachusetts General Hospital at times other than those scheduled.

# CENTENNIAL PROGRAM

FRIDAY SEPTEMBER 28, 1973

Sheraton Boston Hotel  
Boston, Massachusetts

8:00 a.m. — 10:00 a.m.    **Registration**    Constitution Foyer

8:00 a.m. — 10:00 a.m.    Coffee Hour    Constitution Room

10:15 a.m. — 12:30 p.m.    **Opening Session**

*Presiding Officer:*

MISS RUTH SLEEPER, Director Emerita,  
Massachusetts General Hospital School of Nursing and  
Nursing Service

10:15 a.m. — 10:30 a.m.    **Invocation**    Grand Ballroom

CHAPLAIN ALLAN W. REED, Protestant Chaplain  
Massachusetts General Hospital

10:30 a.m. — 11:30 a.m.    **Greetings**    Grand Ballroom

MISS NATALIE PETZOLD, Director of the  
Massachusetts General Hospital School of Nursing  
MR. JOHN E. LAWRENCE, Chairman  
Board of Trustees, Massachusetts General Hospital  
MRS. HARRIS FAHNESTOCK, Advisory Council,  
Massachusetts General Hospital School of Nursing  
THOMAS S. DURANT, M.D., Assistant Director,  
Massachusetts General Hospital  
MRS. MARGARET H. ANDERSON, President,  
Massachusetts General Hospital Nurses' Alumni Association

11:30 a.m. — 12:30 p.m.    **Keynote Address**    Grand Ballroom

"Nursing Education in Historical Perspective"  
PROFESSOR JANET WILSON JAMES,  
Department of History, Boston College,  
Chestnut Hill, Massachusetts

2:00 p.m. — 4:30 p.m.    **General Session**    Grand Ballroom

*Presiding Officer:*

MISS EDNA LEPPER, Former Director of Nursing Service,  
Massachusetts General Hospital

"Impact of Social Forces on Nursing in England and Nursing's  
Effect on Society"

MISS PHYLLIS FRIEND, C. B. E., Chief Nursing Officer,  
Department of Health and Social Security, England

"Impact of Social Forces on Nursing in Canada and Nursing's Effect on Society"

MISS M. JOSEPHINE FLAHERTY, Dean and Professor,  
Faculty of Nursing, University of Western Ontario, Canada

"Experiences as a Nurse on a Medical, Nursing, and Patient Team on a Medical Unit"

MISS DOROTHY M. SMITH, Dean Emeritus,  
Professor of Nursing and Medicine,  
College of Nursing, J. Hollis Miller Health Center,  
University of Florida, Gainesville, Florida

5:30 p.m. — 7:00 p.m.    **Reception and Cocktails**    **Independence Room**

**CENTENNIAL PROGRAM**  
**SATURDAY, SEPTEMBER 29, 1973**

Sheraton Boston Hotel  
Boston, Massachusetts

9:00 a.m. — 11:00 a.m.    **General Session**    **Grand Ballroom**

*Presiding Officer:*

MISS HELEN SHERWIN, Coordinator of Sciences and  
Mental Health Nursing,  
Massachusetts General Hospital School of Nursing

9:00 a.m. — 11:00 a.m.    **Grand Ballroom**

"Massachusetts General Hospital School of Nursing:  
A Touch of the Past; A Look at the Present;  
A Glimpse into the Future"

MISS NATALIE PETZOLD, Director of the School of Nursing,  
Massachusetts General Hospital

"Continuing Education"

ELDA S. POPIEL, R.N., M.S., Professor,  
Assistant Dean, Continuing Education,  
University of Colorado School of Nursing, Denver, Colorado

12:30 p.m. — 2:00 p.m.    **Grand Ballroom**

Massachusetts General Hospital  
Nurses' Alumni HOMECOMING Luncheon

2:30 p.m. — 4:30 p.m.    **General Session**    **Grand Ballroom**

*Presiding Officer:*

MISS BEVERLY J. THOREN, Administrative Assistant,  
Department of Nursing, Massachusetts General Hospital

"Federal Legislation as it Affects Nursing Care"

CONNIE HOLLERAN, R.N., M.S., Deputy Executive Director,  
American Nurses' Association

"The Emerging Role of the Nurse in Practice"

MARY E. MACDONALD, R.N., Director,  
Department of Nursing, Massachusetts General Hospital

**CENTENNIAL PROGRAM**  
**SATURDAY EVENING — SEPTEMBER 29, 1973**

**BANQUET MENU**

FRENCH ONION SOUP AU CROUTON  
RELISH TRAY  
STANDING RIB ROAST, AU JUS  
ASPARAGUS POLONAISE  
BAKED POTATO WITH SOUR CREAM AND CHIVES  
TOSSED GARDEN SALAD  
CHEF'S SPECIAL DRESSING  
PEACH MELBA

**BANQUET PROGRAM**

Sheraton Boston Hotel  
Boston, Massachusetts

6:00 p.m. — 7:00 p.m.	<b>Reception and Cocktails</b>	Constitution Room
7:00 p.m.	<b>Banquet</b>	Grand Ballroom

*Mistress of Ceremonies:*

MISS SYLVIA PERKINS, Former Assistant Director of  
Massachusetts General Hospital School of Nursing and  
Chairman of Coordinated Program with Radcliffe College

**Greetings:** MISS SYLVIA PERKINS

**Address:** "Ambulatory Services at the Massachusetts  
General Hospital"

CHARLES A. SANDERS, M.D.,  
General Director, Massachusetts General Hospital and  
Associate Professor of Medicine, Harvard Medical School

**Presentation of Gift:** Portrait of Miss Ruth Sleeper to the  
Massachusetts General Hospital School of Nursing

**Presented by:** MRS. MARGARET H. ANDERSON,  
President, Massachusetts General Hospital Nurses'  
Alumni Association

**Accepted by:** MISS NATALIE PETZOLD,  
Director of The Massachusetts General Hospital  
School of Nursing

**Presentation of Awards:**

MRS. MARGARET H. ANDERSON, President  
Massachusetts General Hospital Nurses' Alumni Association



## CENTENNIAL PROGRAM

SUNDAY, SEPTEMBER 30, 1973

Massachusetts General Hospital  
Boston, Massachusetts

8:00 a.m. — 9:30 a.m. **Continental Breakfast** East Dining Room  
Massachusetts General Hospital

10:00 a.m. — 12:00 noon **Clinical Session** The Charles Cinema  
*Presiding Officer:*

MISS ANN M. CAHILL, Chairman and Clinical Instructor of  
Nursing Care of The Patient in Surgery, Massachusetts  
General Hospital School of Nursing

10:00 a.m. — 10:30 a.m.

“Surgical Reconstruction of the Hand”

RICHARD J. SMITH, M.D., Assistant Clinical Professor of  
Orthopaedic Surgery, Harvard Medical School  
Associate Orthopaedic Surgeon,  
Massachusetts General Hospital

10:30 — 11:00 a.m.

“Telediagnosis: A Shared Adventure”

KENNETH T. BIRD, M.D., Professor of Clinical Medicine,  
Harvard Medical School and Associate Physician,  
Massachusetts General Hospital

11:00 — 11:30 a.m.

“Acupuncture”

HAN T. CHIANG, M.D., F.A.C.A., Instructor in Anesthesia,  
Harvard Medical School and Assistant in Anesthesia,  
Massachusetts General Hospital

11:30 a.m. — 12:00 noon

“Growth and Regression of Human Tumors”

M. JUDAH FOLKMAN, M.D.

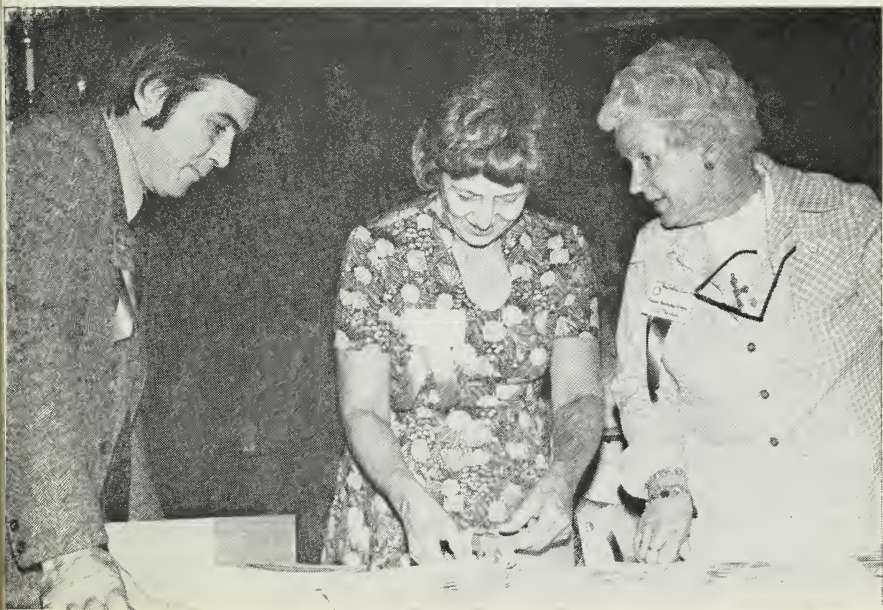
Julia Dyckman Andrus Professor of Surgery,  
Harvard Medical School  
Surgeon in Chief, Children's Hospital Medical Center,  
Boston, Massachusetts

CENTENNIAL CELEBRATION  
MASSACHUSETTS GENERAL HOSPITAL  
SCHOOL OF NURSING

1873 — 1973



Co-Chairmen All! Checking final details with Dorothy Mahoney, Registration; and Beverly Thoren, Hospitality; are Ann Cahill and Frances Gibbons, Centennial Steering Committee. (Photo #38) Checking Registrations are: Paul Wheelock, Publicity; Lyn Fleming, Monitorial; and Frances Gngong, Registration. (Photo #89)



# CENTENNIAL PROGRAM

Friday, September 28, 1973

## OPENING SESSION:

*Presiding Officer:*

MISS RUTH SLEEPER,

Director Emerita

Massachusetts General Hospital

School of Nursing and

Nursing Service

## GREETINGS

*I want to welcome you to the first Centennial of the Massachusetts General Hospital School of Nursing. I am sure all of you are surprised at the number gathered together this morning and we are not yet all arrived at the sessions. Surprised also that Alumnae have come from the far corners of the United States and from across two oceans to attend these meetings. In behalf of all, may I say welcome one to another for these three days and hope you are going to find renewal of early acquaintances and strong friendships made as students in Thayer, in Charles Street, on the wards, in the linen closet, and scurrying to learn the report before the supervisor opened the door at 5 o'clock.*

*If it is true that the past is prologue, we are all come here today to celebrate the century of accomplishment of a great School and to welcome in the future of promise for this School.*

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*It is fortunate for nursing that the committee of men and women in 1872, when the School was being planned, chose the Massachusetts*

*General Hospital as the site of the hospital in which to found their pioneer project in nursing education. It is fortunate today for our School of Nursing that the successors of these men and women continue in interest and support for the School of Nursing in this era of rapidly changing education and medical science.*

*When the School was opened there was no administrator trained or prepared and there were no instructors ready to teach or to plan the program or to guide the students in their early curriculum. There was no one to carry on the project except the committee which founded the School.*

*Guiding the progress of our School today is Natalie Petzold, a graduate of the basic program at Simmons College and the masters program at Boston University. I suppose we should also add to her educational experience that she was an assistant in teaching nursing with Sylvia Perkins. She missed Miss McCrae but she found Miss Perkins. Natalie Petzold has spent most of her professional life at the MGH and I am very proud to present her now as the Director of the School of Nursing. Natalie.*

## *Miss Natalie Petzold*

*Guests on the platform, Alumnae, friends: I also lived in Thayer House and Walcott House and I spent per-*



haps the best part of my training or nursing education, if you will, on the floors of MGH. I feel and have felt very much a part of MGH as a student and certainly as a member of the faculty. It is a pleasure for me to add my word of greeting and welcome. On behalf of the faculty, staff and students I am delighted that so many of you could be here. I am also bringing you the greetings and good wishes of the many friends and associates of the School who have written to say they are with us in spirit although they couldn't be here with us on these three days.

I has been said, "a wise man does not try to hurry history." It does seem every once in awhile that MGH contradicts that and so many of our days are spent in a hurry. I think it is particularly appropriate that we take time to recognize the past struggles and to commemorate past achievements and to gain some inspiration and insight, and courage and strength for the future.

We welcome you to this Centennial as we give honor and recognition and pay tribute to the accomplishments of 100 years of a most significant era in nursing and nursing education. In particular, the 100th Anniversary and some of the accomplishments of this special School and its graduates. We look forward as a faculty and staff and students to making your days here — your return — a very memorable, stimulating, thought provoking and enjoyable one. We hope you have some fun in renewing the ties that bind you together and always back to MGH.

I would like to say a word of thanks to all individuals, groups and

agencies that have helped to make possible the kinds of contributions the School has made throughout the country and throughout the world. Thank you for helping to build a strong bridge between the past and the future and for helping us to build upon and to extend the challenge and heritage that has been given to us.

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*It was in April, 100 years ago last April, that the Committee on Industrial Education of Boston recommended to the Women's Educational Association that a training school for nurses be started. A committee was formed and the trustees of the Massachusetts General Hospital were approached and were found to be interested. Their vote is quoted in the Bowditch History of the Massachusetts General Hospital and shows the concept then of nursing not nursing education because there really hadn't been any in the United States. The vote reads, "The Training School should take, at first, the Brick Building only, for three reasons: it stands by itself; represent both medical and surgical departments; and offers the hard labor desirable for the training of nurses." Well, they took the Brick and it wasn't very long before the School in the Brick had convinced the Trustees of their value and shortly the students, or pupils as they were then called, were found throughout the Hospital.*

*The Trustees in 1873 were interested in the new experiment in the training of nurses. The Trustees I'm*

*sure, if you could go back over their reports, showed then and have shown over the years increasing interest and understanding in the School—in a school not for apprenticeship training as it was for some of you and for me—but a school which is an educational institution and which has much to give through its graduates not only to the MGH but to people served by nurses everywhere.*

*This morning it is my privilege to present to you, Mr. John Lawrence, who is now Chairman of the Board of Trustees. I remember Mr. Lawrence particularly because for 10 years he was Chairman of the Trustees Committee of the School of Nursing. He came faithfully to the meetings to consider the problems and needs of the School and to transmit these needs with real understanding to the Board of Trustees as a whole. I think I can present Mr. Lawrence not only as the Chairman of the Board but as a very good friend of nursing and of the School. Mr. Lawrence.*

## **Mr. John Lawrence**

Miss Sleeper, Miss Petzold, my co-performers of the morning here at the head table, ladies and gentlemen, distinguished graduates of the Massachusetts General Hospital School of Nursing:

This has been a turbulent week in the markets of the world and to cap it all off I have just presided at the regular Friday meeting of eleven independently minded individuals who in their last disciplined moments

serve as trustees of the MGH. After all this, I can tell you there is no therapy like coming to this marvelous gathering and being introduced by Miss Sleeper. No wonder she won every award, nationally and internationally, for nursing in the world. By golly, she does something for me no one else does!

I had the good luck to come on the Board of MGH in 1947 and that was the year Miss Sleeper took over from Miss Sally Johnson as Director of the School and Nursing Service. To add to my good luck, shortly after that I was appointed to the Nursing Committee and had a chance for many years to work with Miss Sleeper. Can you imagine a more marvelous opportunity than to learn from her about nursing—its hopes and fears, its trials and tribulations, its grandeur and all the magnificent scope that the profession encompasses. I really look back on those years as one of the great privileges to have worked with Miss Sleeper.

I wish I could stand before you as Chairman of the Board and claim that it was the wisdom and foresight of my predecessors that was responsible for bringing this great Nursing School into existence. Unfortunately the direct opposite is true. The records show that it was only the intense and determined effort of a group of influential ladies that overcame the serious and strenuous opposition of the Trustees. In fact, that particular group of trustees took some years before they adopted the School as their own and by that time it was a flourishing success. They were a lively imaginative crew, that Board. I'm sure there are many to-



day that think the present Board is very narrow in its viewpoint on many subjects. This is undoubtedly true but I would publicly disavow that act back in 1873. It might be called 19th century male chauvinism.

I bring you the greetings of the Trustees and extend to you a warm welcome as a highly respected part of the MGH family. You have a marvelous program coming along which will take up all types of professional subjects connected with the Hospital.

I would like to comment on one policy decision made the last year or so that relates to the Nursing School. In the past ten years there has been an apparent increasing emphasis on MGH as a critical care institution. Enormously complex work goes on there with all the high technology. The critical care units which ten years ago didn't exist now number 10-11. We are excellently suited for them because of the wealth of talent and high expertise. It is where they should be and there is no question but many, many people are walking the streets today and contributing to society who would not be if we did not have these units. However, this increasing trend toward critical care centers and more highly specialized surgery means an exhausting demand on resources, both human and material.

Last summer we continued to run a tremendous census, much higher than usual. One of these critical care units alone, with 26 beds, needs 72 nurses to keep it going. Summer is a time of great turn-over and I wondered how we would keep these units going. This is a great measure of

the marvelous job that is going on down there. When I expressed my concern about this they said, "Don't worry it's going to go all right. Mary Macdonald has it under control." So we all relaxed.

With John Knowles leaving to go down and stir things up at the Rockefeller Foundation it really gave us a chance to sit down, the staff and the trustees, and think of where the Hospital should go in the next ten years. Should this trend toward specialized care continue or is there a broader responsibility that we have toward the community? What about teaching? The decision was made after careful and thoughtful consideration to reaffirm our beliefs in the principles on which this great institution was founded. It should remain a general hospital. It should be a center of teaching and that research should continue. For teaching you need the breadth of opportunity found in a general hospital—all kinds of disease and all types of people. The interaction of these three is what has made MGH great.

This is a very significant decision to make because the resources needed to continue in this broad type of operation is tremendous. As far as education is concerned it means that the atmosphere will continue in which the nursing school can flourish. We are in the process of working out a way for an academic type of accreditation so academic credits can be given people particularly in the nursing school. Becoming an academic accredited institution may mean that we can tap sources of funds previously denied to us. We

are working hard on this. I want all of you to know that MGH has never been a livelier more stimulating place with plenty of controversy going on within its walls, which is just right.

I am sure that I should thank a great many people for organizing these three days. I would like to thank Miss Cahill and Miss Gibbons as the Co-chairmen. I would also like to thank Miss Sleeper for bringing me up in the knowledge of nursing. To all those in this room who have had much to do with the grandeur of the School in the past, I congratulate them. Miss Petzold and her wonderful staff, as you will see in the next few days, are running a first rate operation. There is a great deal of change in the wind. People are thinking about what should be done all the time and this is very healthy. As great as the past has been, I really think that for the Nursing School the best days are yet to come.

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*Thank you Mr. Lawrence. I am sure that the Alumnae would like to have me say how much we appreciate the fact that the Trustees see the needs of the School today in terms of academic progress. Progress in the academic world is something which was for many years not even dreamed about for our School. We think we can look forward to the next 100 years with hope.*

*During the years that the School was called the Boston Training School and organized as an independent school using the facilities of the Massachusetts General Hospital,*

*the School was administered by a committee of women. Also on the committee was one doctor from the staff of the MGH, and this committee ran the School. They hired the superintendent who also had other hospital duties. They found and bought a home on McLean Street in which to house the students. They planned the curriculum and found the doctors to teach. They even made plans with the City Hospital to send students by carriage to the City Hospital for cooking lessons which were more simple than those which could be given by the chef at MGH. That committee, as such, went out of existence when the Boston Training School merged into the Massachusetts General Hospital Training School for Nurses. There was no loss of continuity and therefore we do claim this 100 year history.*

*When the Hospital took over the School it realized very clearly the value of the women and men who had administered the School. Many of these same women stayed on an advisory committee. It was called The Ladies Advisory Committee to the Training School for Nursing. This Advisory Committee now called instead of Ladies Advisory Committee continues. It continues as a very important group concerned with the present conduct and future progress of the School.*

*With us this morning is one of the long term and very important members of the Committee, Mrs. Harris Fahnestock. Having worked with Mrs. Fahnestock for many years I introduce her to you now as one who knows all about us but still thinks we're good. Mrs. Fahnestock.*

## *Mrs. Harris Fahnestock*

Thank you very much Miss Sleeper. This may be the School's 100th Anniversary and I don't know whether I dare say that this is my 20th Anniversary as a member of the Advisory Council. A third of a century ago I took my first Red Cross nurses aide training at the MGH. I feel that MGH is my home away from home so I feel quite at home here today. The advise given to me by Miss Sleeper and Miss Lepper inspired me to go on with a great deal of hospital work not only with MGH but with Project Hope and some other hospitals.

It could be said that women's lib is exemplified by Eve or even Billy Jean King. For my money and my taste it is Florence Nightingale of whom I believe you have heard. Certainly there have been many different feminist movements around the world. Currently in China there is a very important one and the slogan of these women is, "Women prop up the heavens." Perhaps your slogan should be, "Let the heavens wait the care is so good here."

I'm honored to be the one from the Advisory Council to congratulate you not only for your individual achievements but for making the Hospital the outstanding one that it is today. Nursing is a most rewarding and most challenging profession and one of the best movements in the world. To look forward is to look back and I have spent a great number of hours in the library reading the minutes of all the Ladies Committees from the birth to the present.

I really think you would more enjoy hearing about our infancy than the highlights of the last 73 years. I might add that the hand written reports, 1900-1913, were just as difficult to decipher as they are fragile to hold. The insight into the work of these Ladies as they were called on the Advisory Committee, emphasizes again the very great determination of the weaker sex.

I'm going to disagree with Miss Sleeper a bit about men on the committee. When the Hospital started in 1811 there was certainly no thought at that time about a school of nursing. Likewise, when the Training School for Nurses started 100 years ago there was absolutely no idea of an advisory council. In 1899 it was really a giant step forward when the Trustees decided that they would appoint "a convenient number of ladies and gentlemen to act as an Advisory Committee and with the Chairman of the Trustees as its presiding officer." The first committee met a week before Christmas in 1899 and they consisted of seven ladies and seven doctors. This is where Miss Sleeper and I disagree for some reason but this is what is written in the minutes of that time. They were divided into five sub-committees: instruction; health, exercise and amusement; special training; discipline, probation and graduation; and the last one with all seven ladies of the committee formed the Ladies Friendly Committee. They are the ones which did so much work.

In 1900, the Committee on Health, Exercise and Amusement was always having vigorous discussions about the long hours, about meals, for much

better food, and certainly for less time on the wards. Imagine, in 1900, the very most that any nurse had was  $3\frac{3}{4}$  hours for recreation, study and exercise. She had only  $7\frac{1}{2}$  hours for sleep and 12 hours on the wards. These seven ladies in teams of two; monthly and often more than that; visited the wards, the kitchen, the Out-Patient Department and they visited the nurses who were sick. They also visited and lunched with the nurses who were well. I'm sure this is why the constant furor about the quality of the food. Reports of these visits are written up time after time in their early minutes. Their recommendations to the Advisory Council and with Trustee approval resulted in shorter hours, longer vacations, better food, more fresh air, gymnastics, more social entertainment, more teas, ice cream and cake parties, bible and literary discussions, musicals, folk dances, and even an occasional visit to a museum. It was these Ladies who paid. They raised money for these events and later raised money for many renovations and even for a new nurses home. These females also fought like fury with the Trustees over the subject of graduation exercises. The Trustees apparently didn't think they were important and the Ladies certainly did. Finally the Ladies won out and in 1903 the first graduation was held. The Ladies not only paid for it but they gave the pins to 22 graduates. The celebration was a colossal success. The music was provided by a group of physicians — a chorus which was applauded by a highly interested audience. Afterward there was a reception in the House Officers Dining Room where a colla-

tion was served. What the collation was the minutes do not say.

The next year I'm happy to say the Trustees finally agreed to pay \$100 toward the affair. Several months later a dance was given by the nurses and they waltzed with the house officers until the witching hour of 10:30 p.m. When the Committee on Discipline, Probation and Graduation heard about this they took a very dim view of the situation and they voted absolutely no on a repeat of this questionable event, "Not that relaxation is not most desirable and variety a great help, but the meeting of house officers and nurses on a social footing in the Hospital is a relaxation of discipline and puts them on an unprofessional standing. It takes an unusual woman to be able to meet the house officer socially in the evening and professionally in the morning at work on the wards." Well, ladies, this is rather a far cry from the Advisory Council's vote last year to allow men in the nurses dormitory until 1 a.m. on week days and even later than that on week-ends.

All misdemeanors were reviewed by this Committee on Discipline and also by Miss Dolliver. They were brought to the Advisory Council monthly for the final decision and punishment. I wish there was time to quote verbatim some of the reports of misdemeanors, they are so funny. Cases of petty thievery, particularly candy; neglect of patients, generally not giving salts; and very amusing errors in diet. There were two cases in 1913 which I must tell you. The first was a Miss P who was suspended for going out with an orderly. She



had been suspended before for not washing a patient's face. The second was a Miss D who was dismissed without further ado because eight complete sets of clothing were found under her mattress. How thoroughly these Ladies knew the happenings in their hospital. How conscientiously the superintendent reviewed the case of each nurse off duty sick with tuberculosis, typhoid fever, diphtheria, septic fingers and rheumatism.

Money was and will always be an obsession with the Trustees. They informed the Advisory Committee in 1904 that the School had cost \$2,500.47. This was well over their approbation and would the Advisory Committee please in the future provide \$1,000 a year, otherwise the Trustees surplus fund would be drained in two years. I think we hear that even today.

The nurses at this time were paid \$6.00 a month and so the subject of scholarships came up. This again was put in the lap of the Ladies. On the subject of money, you probably all know that the Alumnae Association in 1915 raised \$200 as a start of the Endowment Fund. Since then, with the help of the Alumnae primarily, and with the help of friends and the careful investment of the Trustees; the Fund now stands at over 1/2 million dollars. Although it has been dipped into quite often it has always been for the good of the nurses and for the School. This is the purpose for which it was established.

Recruitment and the caliber of pupils is reflected in the March 1905 report, "At present we are having a poorish lot of nurses and not good

ones coming in. It is difficult to see the cause. Johns Hopkins, Presbyterian and St. Lukes obtain better classes through being so-called church hospitals. Johns Hopkins also get a very good class of Southern ladies." No comment.

In her summary of the first 50 years of the Training School Sara Parsons writes, "The Advisory Committee with the Superintendents of the Hospital and the School, is the body that really controls the destiny of the School, for although it has no ultimate power, the Trustees seldom refuse to sanction any important recommendation that it makes. This Committee has given much time and thought to establishing the educational advantages for the nurses. Especially to the Ladies of the Advisory Committee is the School indebted for many of its comforts, and these have a very direct bearing upon the success of the School, reckoned in the number and quality of nurses. Association with these women gives assurance that the integrity of the Massachusetts General Hospital Training School shall be sustained. Compete it must with the new schools, change and adapt itself to new conditions and demands, but to lower its standards or to die, never! so long as the Massachusetts General and its friends are a factor in the community."

Well, she proved to be quite right. During the second fifty years, the Hospital gradually grew into really a veritable city within itself; adding new facilities, new people, new programs; and as the overall picture of nursing revamped its shape, so the Advisory Committee changed. We



were no longer a volunteer group providing individual participation but had become a strictly policy making and advisory group. It seemed a more probable and better description to call ourselves Council rather than Committee.

There is not time to describe what we study, review, evaluate, re-evaluate, initiate, discuss and recommend. Let me assure you that there is little that goes on in the MGH, particularly concerning nursing and nursing education that misses our attention. Be it a new area of instruction; new programs; accreditation; legislation; cost analysis; attrition; criteria handed down from NLN, MLN, ANA, or the Surgeon General. Everyone seems to have something we must study. We also meet with the students once a year and they tell us about their affiliations, their problems, the fun they have had and the knowledge gained from their National and State Conventions. We have very, very frank discussions. We also have much greater ties with the faculty now. We meet with them once a year for luncheon.

At the moment the council numbers eighteen members plus the General Director of the Hospital, the Director of the School of Nursing, and the Director of the Nursing Department. There are three members elected by the Alumnae and one member from the Medical Staff — these are all three year terms. Those who serve 5 year terms are representative of the community at large, the field of education and the field of health. All are chosen with great care for their contributions. Al-

though we act more as a group, two members are appointed to the Trustee Committee, three to the Nominating Committee, one to the Endowment Fund Committee; and as sub-committees are needed, members are appointed.

Our primary purpose is to study and advise concerning the educational program of the School; to study the needs of the School particularly for improving the personnel, the program and the curriculum; and to study the problems of nursing as they influence the education of nurses. We also interpret the purposes and progress to the public and on the other side of the coin are suppose to bring the opinions of the community to the Director of the School. This, I suppose is the complaint department. Last, we make reports to the Trustees Committee on the School of Nursing and give them, with the greatest strength and possible arguments, the needs of the School which are always there. So we are supercharged with thinking and listening and planning for you.

One has to walk fast these days to keep abreast of the times. We prefer to run and keep ahead of the times. So, with a past to remember and a future to mold, the Advisory Council will do everything in its power to help keep our School of Nursing in the position of leadership that it has held in the last 100 years. We wish you a very special birthday and a brilliant future.

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*Thank you Mrs. Fahnestock., I'm sure you can realize from Mrs.*

*Fahnestock's presentation what an important Committee this is and how much it means to Miss Petzold and the faculty to have such a group supporting and assisting in many other important ways.*

*I am not going to give you a long biography of our next greeter, Dr. Durant who is Assistant Director at the MGH, has held many important positions in this country and abroad. At the moment one of his most important positions is obviously involving him in the School of Nursing and stimulating his interest in the School. Annually it is my privilege to attend the Capping of the Senior Students when they change from the flat student caps to the tall standard School cap. At this session Dr. Durant also participated and it was with great interest that I watched the students as they came across the platform, having received their caps; to see how many of them stopped, obviously aware of Dr. Durant's interest, obviously aware of how much he knows about the School and sometimes about the girl herself. It is a great pleasure to see this kind of relationship between the hospital administrator, which some of you never knew at all, and the School of Nursing today. It is my pleasure to introduce Dr. Thomas Durant.*

## **Dr. Thomas Durant**

Thank you Miss Sleeper. I bring you greetings and congratulations from Dr. Sanders and the Admin-

istration of the Hospital. Dr. Sanders will be speaking to you tomorrow evening at the banquet. The atmosphere today is one of nostalgia and comarade. Having been in Korea and Viet Nam, it is very reminiscent of an American Legion meeting with screams of buddies meeting out in the corridor. At this time of nostalgia and comarade, it is also time of introspection. Not just to share baby pictures and successful diets and to become depressed at how old you look compared to the rest of your classmates. It is also time to look back at some of the things that have happened over the past century and what has happened to our country. We have come of age, some people call it "Scientific Materialism" or the "Cult of Technology".

One hundred years ago the most prominent structure in a small New England town was the church spire, today it's the wing of the community hospital bearing one or another trustees name. Indeed, this rising expectation of the American public in which somehow the hospital has been felt to take the place of the church; and the physician the place of the priest, rabbi or minister; and that somehow science is going to solve some of the problems of disease of the spirit that prevades our times, I don't think that's true.

If you look at the problems that we see now in the Emergency Ward and the Out-Patient Department you would find them to be: psychiatric problems, alcoholism, drug addiction, venereal disease, demand for abortion, birth control advice, automobile trauma and the chronic elderly dying. Of those seven that

come to our doors, four are primarily diseases of behavior and of the spirit. Somehow, there is a national mood that national health insurance is going to bring the solution to those problems — that's not quite true.

These challenges existed 100 years ago and they will still exist tomorrow. That is part of the challenge that faces nurses on an ambulatory basis. On our in-patient basis the problems have changed also and now instead of salts we have the respirators. In my estimation, the nurse acts as the compassionate conscience of the health care team. The student, as Mrs. Fahnestock pointed out, who was reprimanded for not giving salts is now challenging whether or not the patient should be resuscitated.

These are the challenges we face. The problems seem to remain the same. They are still problems of decision, and morals and ethics, and they will still be with us. Man still suffers from chronic historical amnesia and he is condemned to commit the same mistakes about war. We in medicine hope that we have at least learned from mistakes of the past.

As more things change the more they remain the same in some aspects. I was reading this morning a history of the Training School for Nurses. There was an amusing passage I thought I might leave you with. This was about one of the pioneers of the early School, Fannie Slayton, class of 1882, a native of Bangor, Maine. "Was a good representative of the nurses of her time — kind, motherly, intelligent, conscientious. She ended her long term of nursing by caring for Dr. Henry

Bigelow during the last 3½ years of his life. Dr. Bigelow had heart disease and one time when he was living in the country Miss Slayton asked him what doctor she should call if he had a bad spell. 'Dam the doctors, you just stick to me. The doctors don't know anything,' " was his reply. I would submit that the last bastion of male chauvinism are physicians and their attitude about themselves and other physicians. That will take a long time for the women's libbers to knock down.

Another anecdote was, "As a reward for her devoted care, when he died Dr. Bigelow left her a small bequest, the income of which was sufficient to support her in modest comfort in her last years. Out of her small means, Miss Slayton contributed \$10 a year to the Endowment Fund. During the war when asked if she could afford it she said, 'I might as well give it anyway cause you can't buy anything with ten dollars now.' " I would submit that hasn't changed very much, either.

I think those are the challenges for the School of Nursing in the 70's, the technology, the pseudo-professionalism. I don't think that nurses should sacrifice the arrogant prestige of parchment for the reasonable pride of competence. I know where of I speak — about their ability to deliver compassionate care. My father was a patient two years ago and my family and I will be ever thankful for the compassionate care that he received in his dying days from the staff and students of the Massachusetts General Hospital.

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*In every organization one can find a few individuals who despite busy programs find the time and the energy to devote to professional activities beyond their daily responsibilities. Such an individual is Margaret Harrington Anderson, MGH 1947. Now, Director of In-service Education and Clinical Specialist, Child Psychiatrist Nurse at the Metropolitan State Hospital; Peg Anderson, as she is known to the Alumnae, has carried several very responsible positions in child psychiatry and in psychiatry. She has found the time to get her bachelors degree, her masters degree and is now working on her thesis for her doctoral degree. In spite of all this she is also President of our Alumnae Association. I'm sure you are all glad this morning to see a member of our graduates who is taking the time from a busy schedule to fill a post of such importance. The fact that so many of you have come will give Mrs. Anderson and all the rest of us courage to work harder for the Alumnae Association.*

*It is a very real happy moment when I can present Peg Harrington Anderson to you. Peg*

## **Mrs. Margaret Anderson**

Miss Sleeper, guests, fellow Alumnae, friends: It seems strange for me to welcome you, we are all Alumnae together. I have always been impressed with one thing that has been said in the past. Thomas Wolfe said, "You can't go home again." I think every year MGH'ers do go home. It's not to buildings, it's not just to reminisce, it's a spirit — whether

you graduated in 1922 or in 1973. There is a commonality, a kind of MGH thing that we share together. One is always pleased to meet a fellow Alumna.

I, too, went back in time to the 50th Anniversary of the School of Nursing. Many of the same kinds of issues were being raised then as are being raised now: continuing education, nurse - doctor relationships, the role of the nurse, certification and licensure. History, indeed, repeats itself.

We will see much more of each other tomorrow. I don't want to get to serious this morning. I would suggest we all join together, learn together and also have a marvelous time.





# Nursing Education in Historical Perspective

*Janet Wilson James*

*Professor, Department of History*

*Boston College*

It is a great pleasure to be here and to have a chance to meet you, even in this very large group. I do feel in one way that I'm already acquainted by hearing a great deal about you and about your predecessors going back to 1873 in the pages of the Centennial Review. It is very impressive to see you all gathered here in one group.

My contribution to the Celebration is that of a historian without any personal experience or knowledge of the nursing profession from the outside. I have picked up some fascinating glimpses of the inside through my association with Sylvia Perkins in our long journey from 1873 to the present. My view is from the outside and there are some advantages in an outside view particularly since I have certain long range prospectives which a historian has and since my own specialty is the history of women in the United States.

What I would like to do this morning is to take a comparative look at the so-called women's professions. The professions in which a majority of the workers are women. Since men began coming into these professions in some numbers, sociologists seem to be referring to them as the semi-professions which seems a little ambiguous, but we will see. Of these professions, the first to come into being in historical order was teaching; then came nursing; then librarianship and then social work. I had thought of putting home economics which was the last one to arrive along with its off shoot of dietetics but was forced to give that up for the lack of time.

There are certain striking parallels in the evaluation of these professions and some striking differences. Teaching and nursing are a little more alike each other historically, than are librarianship and social work. Nursing is a little different from all the others. In general, historically, they have had a great deal in common. These common features arrange themselves into two topics and these are what I'm going to talk about. First being the difficulties caused by two related assumptions on the part of the public, historically, both of which I think are mistaken: (1) that women are inferior to men; (2) that home is woman's sphere. Note, the way I put that — not that woman's sphere is in the home, which is true up to a point and I'll get back to that in a minute.

The second topic is the development of these occupations from jobs toward



professions. Connected with both of these topics is the part which men have played in these professions and this is related to the problems of leadership.

This idea that home is woman's sphere is really a comparatively new one. People didn't start talking about home as woman's sphere until about the 19th century. Before that time the home was man's sphere too; hence it was not necessary to make any distinction. When people in the United States and before that in the American Colonies earned their living primarily by farming and trade, it was a society in which the economic life of people centered in the home; the home was the central economic unit. The farmer's home was his headquarters. His wife on the frontier worked with him often in the hardest kind of work, grubbing up stumps in a New England field or clearing away glacial debris. Later on, perhaps out in the Great Plains, fighting prairie grass fires. The wife or woman in the family had as crucial a role as the men in earning the family subsistence because she helped raise the food — the main crop usually corn. She kept the kitchen garden, she preserved food for the winter, she kept pigs and poultry, made cloth for the family clothing and made the clothing itself. In a town like colonial Boston, the artisan or the shopkeeper would have his store, his business, his workshop in the home even if he was a carpenter, sail maker or a printer. If he was a merchant engaged in trade, he would have his office in the home. Women in the family could keep their household going and help earn the living at the same time. There are many instances in our early history of women sharing in the management of these businesses. In the case of illness or death of the husband or father, women often took over complete management of the business. There are cases on record of women running blacksmith shops; women merchants and ship-owners, especially in the Dutch Colonies; women managers of plantations and the house. The domestic, the double life is easy to manage when the family livelihood is located in the home.

This kind of society began to change within 50 years after we won our independence from England. The change came with our economic revolution which was taking place with the beginning of the Industrial Era in the United States. A change over from manufacturing by hand to manufacturing by machine, from home production to factory production, and then to concentration of factories and concentration of people in cities. By the time the Boston Training School for Nurses was founded in 1873 there were a great many people living in cities and hundreds more coming in every day. Immigrants off the boats from Europe and native born Americans moving into the cities from the countryside.

In a city the life for a woman is different than it is on a farm or in a village. The home is a much narrower place — her functions shrink. The home is no longer the center from which family livelihood is earned. Now it is the husband and father who has to go out of the house to a factory or office some distance away and he is gone all day. There isn't much time for his family and the home really becomes the mother's domain, her domestic role

becomes her whole life. The Victorian home in a sense, was a kind of symbol, even the furnishings of a Victorian house are very feminized; women picked them out. Heavy and elaborately carved furniture, a lot of bric-a-brac, lamps, velvet drapes, elaborately flowered carpets — all machine made by that time. very elaborate and fussy can keep you busy all day just dusting off the curlicues. It becomes like a career in itself, which is significant and also kind of constricting. Many of the more energetic women of the times found it so.

Women were economically dependent on men now. Not contributing to the family living and with economic dependence come some, or are apt to come some, other kinds of dependence. Almost a kind of change in the female personality, even in the female physique. This is when women began to enjoy ill health all the time. Of course, if you don't exercise your faculties your faculties are apt to atrophy. It is significant that we often think of the Victorian woman as clinging vines and they often were; however, we never think of the women of the Colonial and Revolutionary days (Abigail Adams, for instance) as clinging vines. They were domestic but they were vigorous and independent minded at the same time. In fact, a whole new concept of woman's nature was worked out to fit this changed environment and changed functions. Besides being by nature dependent, they were considered to be and constantly told that they were domestic, "more domestic than men, more spiritual and religious, more sensitive, and purer and more moral." This is where the double standard of morality started.

One noted 19th century male defined the difference in male and female roles in these terms, "Nature made women weaker physically and mentally than men and also better and more refined. Man compared with her is coarse, strong and aggressive. By confining themselves to the duties for which nature has prepared them respectively, the better they will harmonize. Let her stay in, let him go out." Nothing like this had even been said about women in the colonial period. The colonists had a more integrated view of nature than the Victorians. It is interesting that in the 19th century these ideas seemed only to apply to the well-to-do. Nothing was said about the many women who didn't have a choice about staying in and going out, or how this going out to work fitted into having a dependent and finer nature. There were many women who had to work and make a living. If possible, a married woman with children would do something to earn money that she could do at home like taking in boarders, or washing and sewing. Much of the ready-made clothing in the 19th century was manufactured in homes; usually in the homes of the poor and under terrible sanitary conditions and with terrible exploitation of female labor. Six to seven days a week, eighteen hours a day, earning a total of about three dollars a week. There wasn't any unionization of the garment industry until it moved into the factories well into the 20th century.

Single women and some married women worked in factories — textile or shoe factories in New England, or they worked as domestic servants. Domestic service by mid-century was mostly relegated to blacks and immigrants

and most of the poor were blacks and immigrants. In fact, factories were considered a step-up and blacks were excluded from them well into the 20th century. Neither domestic service or factory work were considered work that a native born, white, middle class woman would do unless she was desperate. In the 19th century they were both pretty grim occupations.

This brings us to our Centennial. Suppose you had a white, middle class girl with a little education. What was she going to do if she had to earn a living? Obviously, she would have to go out of the home but she would need to have some job that would reconcile society's concept of a woman with work outside the home. The first respectable, socially approved occupation that turned up was school teaching. The woman school teacher came in with the public school system and the public school system started in this country in the 1830's. It is a big job to build a public school system from scratch and it was very expensive. The reformers who were promoting this idea of free public schools, who were all men, got the idea of hiring women as teachers. It is hard to believe what a novel idea it was at the time. In the very few schools that there had been before, the teachers had all been men. There were advantages for having female teachers; women were accustomed to children, they did informal teaching at home, and they would be single women who would probably only teach a few years before they married, and they wouldn't need very much pay. It was a startling proposal which took the public awhile to get use to but gradually it did under some pressure of propaganda.

Here is the Boston Board of Education Report in 1841. "It is gratifying to observe that a change is rapidly taking place both in sentiment and action in regards to the employment of female teachers. The number of male teachers in the summer and winter schools for last year was 33 less than the year preceding, while the number of females was 103 more. That females are incomparably better teachers for young children than males cannot be doubted. Their manners are more mild and gentle; hence more in consonance with the tenderness of childhood. They are endowed by nature with stronger parental impulses and this makes the society of children delightful and turns duty into pleasure. Their minds are less withdrawn from their employment by the active scenes of life and they are less intent and scheming for future honors or emoluments." In other words, women teachers were not expected to be ambitious. "They are also of purer morals; therefore females are infantly more fit than males as guides and exemplitors of young children."

In 1873, when the first three nursing schools were founded, of which yours was one, nursing joined the jobs for women. The same popular attitudes prevailed and you have to remember these attitudes were shared by the whole public. Women believed in them too, as most of us do absorb the values of our contemporary culture. Nurses had almost a worse time than the teachers because they had the Florence Nightingale tradition to cope with, as well. So the idea of nun-like devotion, of being pure and virtuous exemplitors of traditional Christian female morality. Nurses also had the extra handicap of working in a situation where they were playing a role as subordinates to

men — namely doctors, in an institution — namely a hospital; which was organized along hierarchically lines and very conservative and authoritarian in atmosphere. Also, apparently in the Florence Nightingale tradition, nurses were expected to have phenomenal energy and endurance; while still being dependent, submissive, more sensitive, etc. Superintendents of nursing schools were expected to be able to move mountains and perform miracles, comparable to making bricks without straw, such as providing education with hardly any money. All of this was regarded and approved in the light of service to others and especially to the hospital. Also, like teachers, there was the same low pay. Also, on the part of the nurses themselves, like teachers, again there was sort of a passive attitude toward the job and the future. No one, including the nurse, really expected the job to be a permanent commitment. Nurses were working in the middle of a busy institution full of people and teachers in the 19th century were off with a bunch of children in the little Red School House; but in spite of this, I think that in a common way they were isolated. They were women, they were there to serve, and it was considered a subordinate position. They were not in that part of the hospital scene where the real action of the man's world was, where the new ideas were tossed around; where the major issues — political and otherwise were talked about; where the important decisions were made. Their job, like teaching, was socially approved. Of course, it was part of a woman's function to be a good nurse. It was a time when most serious illness took place in the home and was cared for there. It was easy to enter this new profession. It did not require any expensive training, this was very important to a girl who might be thrown on her own and by definition "was less aggressive than a man."

The same pattern holds true for librarianship. This also started in the 1870's but a few years later than nursing. The library is a cloistered shelter like the home. It did not bring the middle class woman in any contact with rough people. In fact, Melville Dewey, the first promoter of professionalization in librarianship, the same Dewey who invented the Dewey decimal system which is used in the Palmer David Library at MGH. This same Dewey came out and said, "The refined nature of library work would compensate for the fact that women received one-half the pay of men librarians and even less than teachers — at least less than teachers in cities, which is unfortunate."

Library work could be regarded as a kind of teaching, very feminine or even as an extension of the role of the gracious welcoming hostess. It was clearly culture and culture was woman's province. It met a social need because the population was growing very fast. Society was becoming more and more institutionalized and, like schools and hospitals, libraries were increasing. They were becoming one of the great popular educational institutions of the 19th century. So, like the schools and hospitals they had this crying need for staff and it was hard to get money for libraries out of the taxpayer.

This idea about the librarians female role as a hostess comes up many times in the library literature of the 1870's and 1880's. Passages like this, "Something may be said of the desirability of making the library wear a



pleasant and inviting look. The reading room offers the best opportunity for this. A bright carpet on the floor, low table, and a few rocking chairs scattered about, a cheerful open fire on dull days, attractive pictures and one can imagine a lady librarian filling the windows with plants. Such a room is welcome in itself and bids one come again."

In hospitality a woman was superior to a man because of "her broad sympathy, her quick wit, her intuition, her delight in self sacrifice." Even when there were males on the staff it was universally clear that "the work for children in our libraries, like many other of our best things, is woman's work. As our personal influence is exerted in just such a proportion will our communities be uplifted." The children's librarian was expected to be a woman "herself the realization of the educational idea which is not smart but the intelligent great soul woman." I guess if you were intelligent you were not suppose to demonstrate it. There was another advantage to having women do library work. In the same way that women had a greater ability than men to bear pain with fortitude, they also had greater reserves of patience; therefore were especially suited for tedious detail work — like cataloging.

When social work came along it was again a women's profession and by reason of the immemorial fact that women were the givers of charity, helpers of the poor and needy, and this role was the most unselfish of all. Also, women were intuitive in dealing with people, more sympathetic, etc. However, social work came late in the field and when it arrived in the mid 1890's, the Victorian generation was receding and being replaced by a remarkable generation of women who were beginning to exert real leadership in American life. It was in this field of social work that women first began to move back out of the home into the mainstream of American life. This was particularly true of the settlement house leaders and the social reformers of Jane Addams' generation; Lillian Wald, founder of Public Health Nursing; Florence Kelly; and others. A period of remarkable leadership on the part of women which in a number of fields lasted for a generation, kind of a Golden Age. This was true in the field of library work, but in the nursing field went on longer than the Golden Age. You have the great pioneers of Adelaide Nutting and Isabel Hampton Robbs' generation; the MGH'ers Sophia Palmer and Anna Maxwell, the second great superintendent of the MGH School; then you have for a long time their successors, in the same tradition.

Now, to turn to the development of these jobs into something that could be called a profession. There are many definitions of what a profession is, but all definitions stress certain things. One is a strong service orientation. Well, according to 19th century values that could be taken for granted — if women were the labor force and women were expected to be service oriented without being personally ambitious. Second, is a high degree of personal involvement. That varied on how much commitment was made and society permitted women to make rather a small commitment. Third, is technical competency acquired through a long period of training; and membership in a professional



community with a strong sense of group identity expressed in its own organizations, journals, etc.

It is on the development of training and professional organizations and professional controls that I want to spend a little time, now. This process went through several stages. Really two main ones, the early stage of very slow development before 1900 and second since 1900, a period when standards were first defined. Modern standards were mostly done by 1930 and the period since 1930 is where these standards have been achieved to a greater or less degree.

In the beginning, all the professions began with on-the-job training, really the old apprenticeship type training, even though nurses were suppose to be going through something called a training school. It was a long time before the general public was convinced that teachers needed any sort of training or even any education. The first public school teachers, men and women; the men outnumbered the women in the first generation or so; on the average only had 6-8 years of education. The men who started the public school idea and founded the first system would have liked to have had teachers really trained. These men had traveled in Europe and they knew of special teacher training schools. They did manage to set up a few of this kind of school in the United States under the name of normal schools. The first one was founded in Lexington, Mass. in 1839. The idea was very slow to be adopted and there were only 11 normal schools in the whole United States in 1860. The taxpayer had had enough for one generation, he wasn't convinced that education was necessary to teach primary grades and that was all that most communities could manage for a long time. Nevertheless, the principle of state support was recognized, it was a public school system. It was supported by public funds and this had great potential for future development when the public should wish more development. There was no such thing as teacher certification in those days. The local school committee, who were often hardly literate themselves; reviewed the teacher's record, interviewed the teacher, and if you got the job you were in.

There was one sign of professionalism, the founding of professional organizations. First, the State Teachers Association and in 1857 the National Teachers Association was founded in Philadelphia. This is what the original constitution said about membership. "Any gentleman who is regularly occupied in teaching in public or private: elementary common school, high school, academy, etc.; shall be eligible for membership. Ladies engaged in teaching may on the recommendations of the Board of Directors become honorary members and shall thereby possess the right of presenting in the form of a written essay, to be read by the secretary or any other member they may select, their views upon the subject assigned for discussion." This reflects the mid-19th century view that women were not suppose to speak in public.

The constitution of what became the National Education Association was changed in 1866 right after the war. The men who left the little Red School

House to go to war never went back to teaching. There were too many opportunities in business. Women had proved that they could do as well as men at teaching for 40-60% of men's wages. This meant that women's wages were permanently depressed because they were in a class by themselves. Women did get full membership in the NTA but it was 1911 before there was a woman president of that organization and a long time before the NEA was anything like the group it is today. By 1900, there were 167 normal schools in the United States and by this time also, there were 40,000 teachers and it was impossible for the normal schools to accommodate more than a very small number of these teachers. Teachers continued to have very little training, often not even high school training. In fact, no state in the United States required even a high school diploma for teach certification until 1907.

Unlike the teaching profession, the nursing profession began with the founding of training schools. It is interesting that of these four professions nursing was the only case in which the real founders were women. Women who were activated by their concern for other women. It is also no coincidence that the first three schools were all founded in the same year. There was a pressing need at this time for jobs for women because this was the period when the old agricultural society in the United States was really disrupted. It was too hard to make a living anymore on the hundreds of small family farms. All the young people were coming to the cities looking for work. It was expected that the boys could take care of themselves when they got here but the girls would need some help. There were fewer jobs available for girls and girls were more timid and they were more vulnerable to the dangers of city life.

There were these groups of well-to-do, upper class women of leisure, who had time to think about obligations to the community. In Boston, New Haven and New York in 1873, these women were concerned about these country girls who were arriving in the city without any protection or place to go. They got the idea of opening up a new job field by setting up training schools associated with hospitals. The schools were intended to train nurses to be something different from the hospital workers who had been called nurses. These were the unrefined, uneducated or illiterate women of the charwomen type, who had taken some rough care of the patients while doing the heavy domestic work of the hospital. The quality of the care hadn't seemed to matter too much at that time because hospitals, like MGH then, were just for charity patients — the sick poor.

The founders of these schools argued that an educated, responsible, hard-working, middle class girl would give patients better care at no more cost. In the process and with a little extra instruction on the side, she would learn enough to prepare herself for a self supporting career as a private duty nurse in the home of the well-to-do sick people. The Ladies, as you have heard this morning, had to argue quite hard because the hospital Trustees were a little male chauvinistic. The staff was satisfied with things the way they were and not particularly interested or felt no obligation to open up careers for women.

But, the founding Ladies were all relatives and friends of the MGH trustees and doctors, and after some tactful diplomacy, they got their way. After a couple of years, as Mr. Lawrence has said, the Hospital was convinced that the student nurses were better than the old type of scrub woman nurse and they were happy to make the arrangement permanent.

The nursing profession was on its way but under certain handicaps. First, it had to get rid of the image and duties of the scrub woman. At the beginning of the Boston Training School for Nurses the nurses on their 12 hour shifts were mopping floors, washing dishes, and washing and ironing the bandages and other hospital laundry. One of the first great achievements of the first MGH superintendent, Linda Richards, was to get the Hospital to provide two scrub women — one to wash the bandages. Another handicap was that the School was financially dependent on the Hospital which was a charitable institution financially dependent on private philanthropies and never had enough money to go around. The Hospital's primary interest in the School was as a source of nursing service. The educational side of the School usually appeared as a frill. In fact, Linda Richards and her successors to 1899, ran the whole School and supervised the care of patients without any assistance. They also did all the teaching except for medical and surgical lectures given by physicians. For the first six years there wasn't even a night superintendent. Under those circumstances the teaching was understandably pretty meager. It was hard to convince the Trustees to spend more than a few dollars here and there on the instructional side; therefore it was very hard for a School to be innovative because innovation takes money. A related difficulty was that the School, its superintendent and staff, later when it had a staff; because of being in a subordinate position and because of being women, were not part of what today is called the "power structure" of the Hospital. To reach the "power structure" they had to go through the Ladies Advisory Committee who were the successors of the Ladies of the Founding Committee. They were devoted and very much interested in the School and a tremendous help to the superintendent, as Mrs. Fahnestock has indicated, but they were not nurses or educators either.

You will see how the library profession differed from nursing. It began with a group of men who were setting up a professional organization. Men who were administrators of some of the oldest and more established larger libraries in the 1870's. Men, like the head of the Boston Public Library and the Boston Athenaeum. They founded a professional organization, the American Library Association, and they started to publish a journal. Their motive had nothing to do with women. Making women librarians was Melville Dewey's idea. It was Dewey, the librarian at Columbia University, who got the idea of a library training school and he persuaded the Trustees to let him start one. "It wouldn't cost much," he said, "no expensive equipment would be required, it would only last three months" — so in 1886 it was opened. But, Dewey was interested in careers for women and liked working with women throughout his

own career. He let it be known that women would be admitted and when the first students arrived at Columbia to study at the library course, there were 17 women and only 3 men. The Trustees were outraged. They could have overlooked it if the ratio had been opposite and perhaps let in a few women, but to be running a School where the majority were women and the only women around Columbia, that was too much. Dewey had to leave Columbia and he took his School to the New York State Library at Albany. Being an ambitious, energetic, and dedicated promoter, in a few years he had an affiliation with the New York State University. Here he was able to grant diplomas and a few later, by 1900, they were granting degrees. This was quite a step in advance of the other women's professions. Few of them got affiliations until the 1920's.

Dewey's program was not academic — it was thoroughly practical, with no theoretical or cultural courses. The great majority of the students continued to be women, and critics said the trouble with library schools was that they appealed largely to the housewifely instincts, stressing neatness and order. But the schools were at least located in educational institutions, either in universities or technical-vocational schools, and if a library school wanted to raise its standards, the parent school was apt to give aid and encouragement, because its reputation stood to gain also.

The profession of social work didn't really develop until about 1900. Before that, people in charitable work, men and women, were nearly all volunteers. In helping those in need, it was assumed that the chief job was to distinguish between the honest, hardworking poor and the lazy, unworthy poor. By 1900 it was apparent that these moral guidelines to charity were not very useful in an advanced industrial society with complex social problems. Charitable or "social" workers needed a training school, and the first one was the New York Summer School of Philanthropy, a six week course established by the New York Charity Organization Society in 1898. Schools of social work from the beginning had strong financial backing from the agencies that needed workers, which in turn were supported by businessmen and other donors to philanthropic causes. The curriculum at first was narrowly practical, focusing on casework techniques with field experience, and two decades passed before the social work schools got their first college affiliations. These were in the Midwest, the earliest being at the University of Chicago; for a time the pioneering Eastern schools kept their independence. The social work profession early developed specializations, including of course, medical social work, in which the MGH and Dr. Richard Cabot of its staff pioneered in 1905.

From 1900 on, in all these fields, you have a sense that professional development is speeding up. Society's needs and expectations are increasing. Teaching became the highly organized and institutionalized profession it is today because the public realized that young people couldn't get very far in modern life without high school training. The state (taxpayers) assumed the cost, and by 1930 enough normal schools had been founded to train the teachers needed, and the program had been strengthened. At that time only



five states required teachers to have a college degree. Since 1930 we have seen further changes: the normal schools have turned into teachers colleges giving degrees and then, starting in the 1950's, into state colleges without that vocational word "teachers" in the title. Other colleges and universities, state and private, also introduced education courses and not only bachelors degrees in education for beginning teachers but advanced degrees for training principals, superintendents, normal school and college education instructors, and researchers in education.

In the library field in 1900 they had a collection of schools ranging from just above the high school to the master's degree level, and a course of study not much advanced from Dewey's day. Then in 1923 the Carnegie Corporation funded a major research study of the field. The report recommended that library schools separate the really professional parts of the training from the clinical and "housewifely" aspects, that all schools be under university auspices, and that the library training be offered only on a graduate level. The report said that the low quality and prestige of many schools were due in part to the large percentage of women among the students and faculty, and recommended that efforts be made to encourage men to go into the field. The American Library Association then made a concerned effort to carry out the report's recommendations. Accreditation procedures were set up, and by 1930 all library schools were located in universities; by 1951 all accredited programs were on the graduate level. The Carnegie Corporation helped by financing two new graduate programs, at Columbia and Chicago, which worked out a much broader and richer curriculum.

In nursing after 1900, for a number of good reasons, there continued to be a widest variety of training programs over the longest range of time. As early as the 1890's leaders in nursing were eager to establish college-level training, especially for educators and administrators, but support came slowly. The first university offering was the program for graduate nurses at Teachers College, Columbia, which had been in operation since 1899 and where many of the MGH School's most illustrious alumnae and faculty took their training. An MGH graduate was one of Teachers College's first nursing Ph.D.'s, in the late 1920's; TC has been regularly graduating M.A.'s since the 1930's and Ph.D.'s since the forties. Undergraduate training in nursing under a college roof began in 1909 at the University of Minnesota, when the university incorporated a three-year diploma program; by 1920 there were twenty-three such arrangements, eight of them granting B.S. degrees.

Along with the long trend toward college programs has gone the continuing need for diploma schools and for the nursing service they provided. Like some other diploma schools, and more seriously than most, the MGH School of Nursing experimented with university affiliations. One was with Simmons College, which offered a five-year program in affiliation with the MGH School from 1918 to 1934. This was the first full-fledged college or university affiliation established by a nursing school in New England. A second



venture, the coordinated program with Radcliffe College, lasted for twenty years, from 1946 to 1966. For more about the history of these programs, I recommend the forthcoming *Centennial Review*. In his remarks this morning Mr. Lawrence referred to new plans for academic credit at the MGH, so history continues to be made.

We now come to the entry of men into the "women's profession". In 1952 men made up 46% of the secondary school teachers in the United States; by 1969 they were in the majority of high school faculties, and their numbers were growing in elementary schools. Men teachers are even appearing today in nursery schools, if only as a protest against the stereotyping of females in such jobs. Since World War II there had been a strong movement of men back into library works since the training has been upgraded and a master's degree is awarded. Four out of five librarians are still women, but men hold a large proportion of the top positions in the field, including the directorships of the thirty-nine biggest public libraries in the country. This makes the women what might be called a "disadvantaged majority". In nursing, women still make up 97% of the profession, according to the 1970 census, but in 1970 the figure was 99%, so even in this field change may be underway. Men do seem to be moving into executive posts; an article in the Boston Globe last spring reported five men directors of nursing service in Massachusetts hospitals. Obviously there is no present danger that women will be subordinated in the nursing profession, and nursing and the MGH School can still point to alumnae whom the great women leaders of Jane Addams' and Lillian Wald's generation would have recognized as kindred spirits. The question remains, however, what is their influence in policy planning in the health care field?

It seems likely that this process of men entering what used to be called the women's professions is a long-term trend. Male stereotypes, too, are changing these days. There is less of the feeling that men must conform to an aggressive, extroverted image. The present younger generation is much drawn to the service professions and the men are not afraid of the so-called nurturing aspects. At the same time, we can hope that women will move ahead in getting rid of the clinging vine mentality and not fear to be aggressive, in a diplomatic way. I believe in an integrated society. I am not in favor of segregation of any sort, and it seems clear that male-female segregation is on the way out—certainly the movement in this direction has been very fast in the college world the past few years. But I think integration of the once women's professions is a real challenge to leadership and commitment on the part of the women.

The fact is that women are outside of the home and in the job market to stay. Since World War II there has been a steady rise in the percentage of women employed, and this includes women in all age groups (except over 65). Since 1960 there has been a very striking rise in the percentage of mothers with children under six—almost a third of the mothers with children under six are now working. About half of the women in the nation now have jobs, most of

these women are married, and most of the married women have children.

The incentives to work are mounting. Legislation has been passed in recent years to encourage mothers on welfare, those receiving aid to dependent children, to work. This has implications for other parts of society and makes it seem likely that more day-care facilities will be made available in the future. The provisions of the Civil Rights Act against discrimination on grounds of sex may well make the labor market more attractive to women. The women's liberation movement has challenged the thinking of us all. Actually the United States and other advanced industrial societies are well down the road where women will be as closely involved in the production of goods and services as they once were in the agricultural societies. In the process many problems will have to be solved by both men and women: problems of authority and responsibility in work, of balancing work and leisure, and equity in reward for work.

Women feel a natural pull toward domesticity and motherhood, and they have tended to exchange public for private roles and give up public kinds of responsibility — or to gravitate into support roles, letting men have the administrative posts and carry those heavier responsibilities. Women have had a special definition of work, regarding it as an avocation rather than a vocation, even when they have a considerable investment of professional training in their jobs. They have thought of work as something optional, and occasional, to be done in leisure time and for additional funds rather than for self-fulfillment or public service. This is a self-deflating attitude, especially where equality is concerned. If you want equality, you have to work for it and make a real commitment, not just an occasional half-hearted sally into the world outside the home.

The truth is that with modern technology homemaking is really no longer a full-time job, even if you try to return to the age of arts and crafts and take up needle-point or gourmet cooking. Changes in attitudes toward the family and family roles are coming about. The younger husbands are taking a larger part in the rearing of their children, righting the imbalance and maladjustment caused by the traditional dominating American "Mom", whose children were the only outlet for her energies. In a society where for better or worse everyone's status and rewards are determined by occupational involvement, "occupational housewife" hardly counts. We need a change, and society is gradually bringing this about, to an attitude toward work as a necessary part of one's life style, to an attitude where women have equal responsibility with men in the economy. We need to strengthen our weak self-image, to choose occupations according to our talents and pursue the necessary training and performance without hesitation and rationalizations — otherwise our rewards will be boredom, obsolescent skills, interrupted careers, continuous dependency on men, exploitation, and personal stagnation.

We have the great challenge of living in an era of rapid social change. The expansion of knowledge from the technological revolution that began in

the nineteenth century has institutionalized the professions, created new specializations, and regrouped old areas in related disciplines into new patterns. There is now concern for the social and ethical implications of professional roles, for admitting into the professions minority groups previously excluded, and for making sure that all social and economic groups in the population are served. Women in the health professions and elsewhere should be free to share in the occupations where these important decisions for the welfare of society are being made, and to be judged and rewarded for their participation in the same way as men.

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Student nurses wearing uniforms from the 1890's, early 1900's and 1945. Left to right: Emilie Yuscovitch, Jean Wiegard, Jacqueline Mills, Amy Toon, Sharon Weber and Terri Tobin. (Photo #117)



# Impact of Social Forces on Nursing in England And Nursing's Effect on Society

*Miss Phyllis Friend*

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May I first of all bring the warmest possible greetings to you as members of the Alumnae Association of the School of Nursing of the Massachusetts General Hospital, from the nurses in England and the United Kingdom, on this very important Centennial Celebration. I can't tell you how proud and really honored I feel to be invited to participate at this very special time.

I have been considering for some time the content of the talk that I have been asked to give. In saying that it is a long time, I would like if I may to pay tribute particularly to those organizers of this occasion who have kept in such close touch with all your victims over the many months of preparation. I appreciate the kind and generous letters, the very efficient arrangements and information we have received, and the very warm welcome you have extended to us.

May I also say how much I enjoyed the morning session, much more than I'm going to enjoy the next few moments and how privileged I felt to have the opportunity of hearing your Keynote Speaker. I would apologize immediately and say that some of the comments I am about to make, will be a pale imitation of some of the things you heard from her this morning.

In considering the contribution which I might make there seemed to be two questions to which I should try to find answers. The first, what would be the real purpose of this celebration?, and the second — what would be the significance of my role in it? While it might be adequate cause for celebration to have achieved a hundred years of involvement in the progress of the education of nurses, I felt sure from the theme of your program that there would be a deeper purpose in your minds which might involve some attempt, not only to give thanks for the past but to evaluate its achievements, to assess the situation of the present and to look forward and possibly make some sort of dedication to the future. My role might therefore be to provide a form of yardstick for international comparison with the countries which share (as some say are divided by) a common language. If this is so then it must be remembered that nursing exists only to meet the needs of the community which it serves. I can only speak from experience of nursing in my own

country and it must therefore be for you to make the comparisons and the assessments.

The title of my talk — which you were kind enough to choose for me! — I found somewhat formidable. The problem as I see it is not only that nursing has never been defined, but that what we understand as nursing is an integral part of society — its clients in fact make up the society of which its practitioners are themselves a part. It has been said that nursing is “all things to all men”. So not only is it difficult to identify the thread of nursing, but it is nearly impossible to unravel and examine it in isolation from the closely interwoven fabric of society. Nurses themselves have so far failed to find satisfactory means of measuring their own performances or evaluating their achievements. With unlimited time available I would have found my subject a fascinating study — but I am a practicing nurse and not a researcher. Therefore I confess that I know that I shall do my subject less than justice — but I will do my best. I shall aim to identify certain social forces and trends in society and assess their effect on nursing in England, and to identify developments in nursing and comment on their possible significance for our society. I shall try to do this mainly in the context of the last century and thus allow you to relate my observations to the aim of your total program.

I am neither a sociologist nor a historian and I have not had the opportunity to study in any depth the etiology of the social forces about which you have so kindly invited me to speak: as a practicing nurse and one with a certain interest in the history of my profession, I can only say that I recognize them and appreciate their significance for nursing.

We, in the United Kingdom, like to confuse our friends not only by the way in which we pronounce the language which we share with you but by referring to ourselves variously as being citizens of the UK, British Isles, Gt. Britain, Northern Island, Scotland and Wales in England. We English frequently refer to ourselves last in this context, not from any sense of inferiority, but from the confidence which comes from being the largest country in the UK! It is, therefore, not perhaps surprising that nationalistic feelings are strong in the other three countries, and I do beg you to appreciate the fact that today, unless I indicate otherwise, I am speaking of England. There is no time to tell you of England today — I can only hope that you will all come over to see us before too long — but it may be helpful to have a few basic facts. It comprises an area of some 50,000 square miles — and would probably drown in your Great Lakes —. It sits at latitude  $50^{\circ}\text{N}$  and London is some  $9^{\circ}$  further North than Boston and has the prime meridian of  $0^{\circ}$  passing through the old observatory at Greenwich. It is just under 600 miles from the South coast of England to the North of Scotland and just over 300 miles across at the widest part. The many inlets and bays mean that no part is further than 75 miles from tidal water. Its geology is varied and Great Britain can be divided broadly into highland and lowland areas, — the highlands being mainly in Scotland and the Lake District of North West England and the fertile lowlands carrying below the surface carboniferous strata rich in



minerals and the coal which was the foundation of our industrial expansion. Guide books will tell you that this complex geology provides Britain with its "rich variety of scenery and stimulating contrasts". The climate is mild and temperate — sufficiently unpredictable to provide a limitless topic of conversation — and with a prevailing south westerly wind which means that we watch your weather with interest.

The people who now inhabit the British Isles descended from a mixture of pre-Celts, Celts, Romans, Anglo-Saxons and Norsement (including the Danes) and the Normans who conquered England in 1066. The language which eventually predominated was a mixture of Anglo-Saxon and Norman-French (now called English) — with the celtic languages being jealously preserved by many in Scotland, Ireland and Wales. It is believed that at the end of the eleventh century the population of Great Britain was about 2 million, growing to 6½ million at the end of the 17th century. This was a slow natural growth retarded by high death rates, particularly infant and maternal mortality, offset from time to time by periods of immigration, as, for example, the Flemish weavers in the fourteenth and fifteenth centuries. Since 1801 when regular censuses began, we can be more accurate and we can see in graphic form a rise in population in Great Britain from 10½ million in 1801 to 49 million in England and Wales in 1972, so that we are one of the most densely populated countries in the word. The population, however, is unevenly distributed with high concentration in the South/East.

We are an industrial society with 80% of the people living in urban areas and only 4% being actually engaged in agriculture. For administrative purposes the country is divided into counties with some functions being carried out by local elected authorities and others by national government. — Formed at present by the Conservative party.

In order to return to my brief, I should now like to mention some of the trends in population during the past century which have significance for nursing in England. Leaving migration out of account the order of growth in the century preceding the First World War was largely determined by a combination of declining mortality and deliberate family limitation from the 1860's onwards. From high mortality and high fertility we became a country of low mortality and low fertility — we entered an era of small families and high life expectancy. Better diet, improved hygiene and the advance in medical knowledge all played their part. Social investigators brought out the close relationship between large families and poverty — wages took no account of family responsibilities. It was not until the inter-war period that public concern over the possible consequences of the small family pattern was awakened and a Royal Commission on Population was set up in 1944. This produced the gloomy statistics of an anticipated mean of 2.2 children per family which might replace their own family but not the bachelors or spinsters and at this point emigration was frowned upon. However, the post-war bulge in the birth rate settled down to a figure which appeared to give a safety margin. Then the picture altered again from 1956 with a substantially increasing

number of births. The explanation — an increasing number of married women. In 1911, in the age group 20-39 of very 100 women 552 were married: in 1931 it was 572, in 1961 808 and it is still increasing. Earlier age of physical maturity linked with rising health and economic standards had a further result. The marriage rate for men and women in the age group 15-24 had in 1964 doubled since 1931 and there was a continuous “shrinkage” in the number of single women. While the legitimate birth rate has risen the number of illegitimate births, while still, of course, the minority, has risen by a greater proportion. A further factor has been a considerable increase in immigration, including that from the West Indies and areas of higher fertility than are own.

Life expectancy in the mid-nineteenth century in England was 40 years for new born boys and 42 for girls. It rose to 48½ and 52½ respectively in the first decade of the present century, to 66½ and 71½ in the early 1950's and is now around 70 and 75. These population trends, together with education and retirement policies and population movements resulting from political decisions on immigration or industrial development — are highly significant for nursing — both in the need for health services and in the availability and needs of those who supply them. In England not only is the population growing overall but the dependent groups at both ends of the age scale are growing three times as quickly as the working groups which support them.

I have burdened you with statistics and in doing so have tackled the easier aspect of the first part of this talk. There are so many social forces which have affected nursing in England which cannot be measured as simply, and time does not allow any real degree of examination or evaluation. Many, however, are common to all developed countries and will be as familiar to you as they are to me.

In my own life-time economic changes have been tremendous. Through changes in political climate or natural resources there has been a re-distribution of wealth among nations and in our own countries despite temporary fluctuations we have been living in a situation of steadily increasing affluence. Not only has there been more money to spend but there have been great changes in its distribution among social groups and age groups. Spending power lies increasingly with the manual worker and with the teenager. Raised standards of living give rise to higher expectations of standards of service in hospitals. Failure to maintain a standard of life equivalent to ones social equals gives rise to pressures and tensions unknown a few decades ago — it is relevant to those who have retired on fixed incomes and to the lower paid professions.

It has been said that of all the scientists who ever lived 90% are alive today. It would be interesting to speculate on the future of science in the next decade. The trends are there for us to see — the technological age has given way to the space age and all scientific advances have their effect on medicine and on nursing. Developments in the fields of engineering, chemistry, radiation, electronics, bring hopes of alleviation or cure to those who would

previously not have survived. Not only do these new techniques make greater demands on the intelligence and technical skill of our nurses, but they call for greater qualities of maturity and judgment in supporting patients and their families, and for personal character in coming to terms with moral issues related to the quality of life and man's role in prolonging or discontinuing it. These advances in science have their relevance, not only in the clinical field but in nursing management, education and research, and nurses are beginning to harness them for the more effective functioning of their service. Of particular interest at the present time are developments in the field of genetics and if man should acquire the ability to control the genes of future generations then the possibilities and the problems will be limitless.

Perhaps one of the most fundamental changes in the past few years has been the development of communications. Co-incidentally with rising mass incomes came first radio then television with its accessibility over the whole cultural spectrum. The direction of influence which used to come from the newspapers and magazines, and from parents who influenced their children from the greater fund of their experience has been completely changed. The less literate are superficially well-informed and press to experience the benefit of each new development as news of it reaches their home. Nurses, in the front line of the health services, are frequently at the receiving end of this pressure. The nurse herself has benefitted in her daily work from these developments, and the use of radio-location systems, closed circuit television and computer terminals at nurses stations had added to her efficiency. She is, however, faced with the need to recognize that these tools, if not controlled, may undermine the very precious personal relationship which she used to have with her patient and which, as I have said earlier we have never been able to evaluate.

Developments in education have, of course, gone along with the trends which have produced the need, created the desire and provided the tools. Education now continues longer, to a higher level and is pursued into adult life and even into retirement. It is pursued for its own sake, for the financial rewards which it brings and for the status which it carries — but in the case of the nurse it is logical to assume that her professional education shall have for her an especial significance. In England much progress is being made in the field of higher education for nurses and in the application of research methodology to our profession — but there is still much to do.

Interaction of these trends have, inevitably, had their effect on human values. Social, political, religious and moral values have all undergone changes. Social status is less closely linked with class, age or experience, and is measured increasingly by financial and intellectual success. This success may be achieved early in life, but is liable to sudden and violent reversal and maintaining it in this competitive world can produce tremendous stress.

A major social force of especial relevance for nursing during the past hundred years has been the changing position of women. In the prosperous Victorian family, the woman was prevented by strong social pressures from

engaging in trade or competing with men in the learned professions, she had no independent legal identity, no right to vote. Her means of escape from her family, sanctioned by society and the Church was by engaging in good works. Caring for the sick was a logical extension of such activities and thus nursing, under the influence of Florence Nightingale, benefitted from the fact that it was one of the few professions open to women of quality. The emancipation of women over the years has largely removed this advantage and nursing is now in competition with practically every other profession in attracting women of ability. Nevertheless, this initial advantage has not been lost and nurses in England are held in high regard by the general public and politicians are usually sympathetic to their causes. The position of women, however, is still undergoing change and the proportion of working wives is rising steadily, and we have an Anti Sex-Discrimination Bill at present before Parliament. This may remove the final obstacle against equal rights for women and perhaps also lower the barriers and, for example, open the profession of midwifery to men.

While we as nurses may feel ourselves remote from politics, with the rest of society we are affected by political forces — such factors as democracy or dictatorship — war or peace — affluence or recession, policies on immigration and emigration — are basic to the quality of life for all. There is no time for an historical account of political change in my country. Of major significance for nursing in Britain, however, was the Beveridge report with its five giants of Want, Disease, Ignorance, Squalor and Idleness and his scheme to establish an egalitarian system of social security and as an outcome of this, the decision to nationalize our health services in 1948. Despite changes of government there has been no universal desire to revert from this policy — but after 25 years the service is to undergo complete re-organization as from next year and this should enable the nurse eventually to offer a more effective service and, in doing so, to gain more personal satisfaction. But the process will bring a period of uncertainty and, for some, considerable personal anxiety. The entry of the United Kingdom into the European Community in January is, as yet, too recent to assess its significance for nursing — but already nurses from the nine countries are talking together in the Permanent Committee on Nursing, and in the U.K. the nursing divisions in government departments, nursing statutory bodies and professional organizations are examining with great care the draft directives which aim to “harmonize” arrangements for mutual recognition of diplomas.

I have indicated some of the focus which seems to me to be affecting nursing in England — you will know whether this has any relevance to your own situation — and it seems to me that our society is beset by issues for which the moral code which sustained many of us in our youth is completely outdated and inappropriate, and that religious values which might have provided stability in a changing situation are themselves in a state of flux. To me this is one of the areas of greatest concern in the present situation.

May I pull these threads together and compare the patient and the nurse



of a hundred years ago with their counterparts of today.

At the beginning of the nineteenth century it was still the normal pattern for the family to provide its own nursing services. Those who had the means employed experienced helpers — it was not until the twentieth century that hospitals were used by the sick. The sick poor without relatives to care for them were faced with two possibilities. They could enter workhouse — institutions designed to relieve destitution where the aged, feeble-minded, the mentally ill, the physically sick and the able bodied were crowded together in conditions familiar to readers of Dickens — or they could seek admission to a “voluntary hospital” — that is one supported by charitable contributions — if accepted they were the lucky ones. By the 1870’s when exposure of the conditions in workhouses by a group of philanthopists caused an investigation, it was shown that of the 157,740 indoor paupers about 50,000 were sick — this is two and a half times as many sick as were in the general and special hospitals. In my own hospital, a large and well known voluntary hospital, probably as good as any of its time, the patients were referred to in a report as “poor necessitous objects, labouring under the most malignant and deplorable diseases, destitute of friends and means . . .” If they were fortunate enough to be cured or relieved as a result of charity received at the hospital, they were expected to return thanks publicly in their parish church. Failure to do so resulted in their names being placed on the black list and future admission was refused.

In 1867, in the same hospital, a famous surgeon described one of the nurses thus: — “a short fat comfortable person of middle age, with a ruddy face and a look of assurance. She was possessed of much humour, was coarse in her language and had a leaning towards gin. She was completely without education, yet her experience of casualties of every kind, and death, was vast and unique, and she was efficient even in her cups. She was on duty from early morning until late at night and knew little of hours off.” This was a tribute to a nurse clearly held in unusually high regard.

The antecedents of our nursing profession came to some extent from those religious orders which had dedicated themselves to the care of the sick, but in the early nineteenth century nursing in the voluntary hospitals was carried out by domestic servants and in the workhouses by able bodied paupers. Florence Nightingale stated that nursing was done by those “who were too old, too weak, too drunken, too dirty, too stolid or too bad to do anything else”. But she was a reformer and reformers do tend to overstate. Nevertheless it is clear that the public had little expectation of the nurse at this time and the nurse little expectation of society. She carried out unskilled mundane tasks in frequently appalling conditions, was paid a weekly wage and was able to be sacked without notice. She received no training and had little hope of promotion. Sisters and Matrons were recruited from slightly higher social classes but still received no training in nursing and functioned as domestic supervisors and household managers respectively.

The reform of hospital nursing, however, came in the second half of the



nineteenth century in response to some of the social forces to which I have already referred. It came primarily as a response to advances in medical knowledge and a recognition of the importance of bedside care. It was focussed on the introduction of training and aimed at making nursing sufficiently respectable to utilize and provide an outlet for the pool of Victorian spinsters. The Florence Nightingale School of Nursing started in 1860, and soon nursing was being publicized and recognized as a career for gentle women — and the gentlewomen, increasingly well-educated and articulate moved out of the confines of their family into leadership positions in the hospital service. They brought with them the “hightone” and “pure devotion” which Miss Nightingale so admired at the Protestant Institute of Kaiserswerth together with the military efficiency which marked all her work.

From then on nursing was to grow and develop and respond to the pressures of the society which it served and to move away from its traditionally hospital based service into a much wider context.

Our patient today has very different expectations from those of his counterpart of a century ago. He is well-informed, well educated and knowledgeable about the latest medical advances from which he expects to benefit. He is accustomed to living in an affluent society and in a welfare state. He expects a service geared to his needs and run with the same efficiency and making as full use of technical advances as his own industry or business enterprise. He will look to a nurse for advice in the planning and possible limitation of his family and he will expect there to be a nursing service available to prepare his wife and himself when his baby is expected, to assist or conduct the delivery of his child, to supervise and advise on the health of his offspring before and during schooldays and to provide treatment and health education for the employees in his factory. He expects that a nurse will visit his home if a member of his family is ill and to be on board ship when he takes his summer cruise. He looks for nursing support when he visits his family doctor or health care center, and should he be admitted to hospital equally efficient care whether he needs medical or intensive surgical treatment. Should he succumb to the stresses and strains of our competitive society he will expect his nurse to be trained in the skills of psychiatry.

In all these and many other spheres he will expect an equally proficient nursing service fully informed of the latest developments in medical science and management techniques. He will look to the nurse to co-ordinate the many services which will converge upon him and to provide teaching and reasoned explanations in alleviation of his many problems and anxieties. He will not want anything to dispel his image of the nurse as a “ministering angel”, but he will not encourage his own daughter to embark upon a nursing career until he is sure that it can offer educational and scientific opportunities comparable with other professions.

The nurse of whom he is expecting so much is, however, a very different person from the domestic servant or the Victorian spinster of the nineteenth century or indeed from the female school-leaver of the pre-war era. While

despite current legislation, it is likely that nursing will remain predominantly a profession of women, the number of men-entrants is likely to increase. He or she will be a product of the affluent society and the technological age, healthy, intelligent and physically mature at an early age. Today the nurse is better informed, more articulate and more questioning and expects to take part in the government of her own affairs and is resistant to unreasoned discipline. Her social values will be those of the society of which she is a part and she expects conditions of work and financial awards which allow her to be on equal terms with her contemporaries in society. She knows that her role must change as science advances and she expects a program of education which will not only prepare her for this, but carry her over the break in her career when she leaves to have her family or to practice overseas. She is just as well-motivated as her predecessors but she is facing increasingly complex ethical and moral issues in an age of declining religious motivation and unstable values in society, and she may well feel ill-equipped to meet them.

I said earlier that I should find difficulty with the second part of my subject. It would be so nice if I were able to make a list of nurses who had played a leading part in the great reform movements of the nineteenth and twentieth centuries — in sanitary reform, factory legislation, to reform in the law relating to prisoners, or lunatics, to the welfare of women and children, to education, but sadly I cannot find them. Nurses do not seem to have become writers, poets or artists, nor to have produced great philosophical thoughts or furthered the development of scientific knowledge. Those who have exercised individual leadership roles have mainly related them to their own profession. There are a few, notable exception is, of course, Florence Nightingale.

There is no time to detail the contribution of Florence Nightingale to nursing and to society in England as in the world; she achieved so much and attempted even more. No aspect of her work is without its significance for society. Her adventures in the Crimea drew public attention on an enormous scale to the problems of nursing — the adulation of the public and her own social status provided the first step to making nursing respectable, and enabled her to use her influence in transforming the recruitment, training and practice of a new profession. The reform of nursing in the nineteenth century cannot however be attributed to Miss Nightingale alone, nor was the training which she started at St. Thomas' Hospital in 1860 the first in Britain, but she was the most influential of the reformers and had a greater insight into the problems of hospital administration than most of her contemporaries even in the medical profession, and she was in a position to impose her ideas on the committees that controlled the voluntary hospitals. She pointed out the dangers of cross infection. But she required more of the nurse than the provision of domestic cleanliness — she must learn to supervise and treat each patient as the doctor directed and to observe and to report on his condition.

Candidates for her one year training were not necessarily recruited from the upper classes and more stress was laid on moral character than the

educational attainments of those who were to be the practising nurses. There gradually developed, however, two means of entry — the ordinary probationers who received free training and from the higher social classes lady pupils who paid for their maintenance. It was these educated lady pupils who became her missionaries in the nursing reform movement and were steered by her into the key positions in the nursing world, and they became the Matrons. The aim, as she herself stated was “to take all power over the nursing out of the hands of the men and put it into the hands of one female trained head and make her responsible for everything (regarding internal management and discipline) being carried out”. Said Miss Nightingale “Don’t let the Doctor make himself a Head Nurse”. Thus the nursing reform movement may also be seen as part of the wider struggle for the emancipation of women.

Reform of nursing in workhouses also owes much to Miss Nightingale. The work of Louise Twining and her lady visitors eventually succeeding in exposing conditions in these institutes, but it was she who poured scorn on the proposals to offer training to suitable pauper inmates and proved by means of a pilot scheme in Liverpool that the employment of properly trained nurses could not only show dramatic improvement in patient care, but an actual reduction in the cost of maintaining the sick. It was in Liverpool, too, that she was involved with William Rathbone in providing the first training for home nurses — from which the sick person in their own homes derived much benefit.

Florence Nightingale’s effect on nursing was personal and direct, but even more significant was the tremendous influence which she exerted on the society of her time and which had the indirect result of enhancing the whole status of nursing in the 19th century and subsequently. She established standards of practice and a framework of organisation which has enabled nurses to make both an individual and a corporate contribution to society.

I should like to touch briefly on some of the recent developments in nursing in my country which must have had their effect on the community, although, sadly, it is rarely possible to quantify the result — or where there is a measurable effect to relate it to any single factor or exclusively to our own profession.

At the present time, in our National Health Service to serve the 49 million people in England and Wales, we have a nursing strength of approximately 290 thousand of whom 26 thousand work in the community. Their distribution, for reasons which I have outlined earlier, is uneven and while certain parts of the service are adequately staffed others suffer from conflicting demands on our resources. Their aims are to deliver care and to take part in the promotion of health and health education, and their function consists of three elements — that which they initiate by right of the education and training they have received, that which is prescribed by their medical colleagues and a third, co-ordinating element which is theirs by reason of their close relationship with their patient.

The most dramatic developments have inevitably taken place as a result of the tremendous advances in medical science to which nurses have responded with enthusiasm and efficiency. They have developed technical skills and taken over new responsibilities until the demarkation between what is doctoring and what is nursing has become increasingly blurred and this is causing us to consider yet again what is indeed the true role of the nurse.

While appreciating the value of these advances in the acute field we are now increasingly concerned at the effect which these expensive developments may be having on the care of those with long term illness — the chronic sick, the geriatric, the mentally ill and the mentally handicapped for in these areas progress has been less rapid. Yet, these are areas where the nurse may have an even more vital part to play and which, for reasons which I have outlined earlier, are even more significant in terms of the needs of society as a whole.

In the field of mental health, psychiatric nurses have had to make the transition from situations in which they provided asylum and custodial care to those of highly intensive hospital treatment associated with pre-care and after-care in the community. By means of occupational and industrial therapy pioneered by nurses, many patients who might have needed long-term care have developed their independence and returned to society. New open door policies in institutions, day hospitals, the arrangement of voluntary helpers and community visiting have allowed patients to maintain their normal contacts and done much to bring about a change in the attitude of the public to mental illness. Nurses are currently undertaking new responsibilities in the progressing field of behavioral therapy.

The comparatively new concept of health centers from which family doctors conduct their practices in association with home nurses, health visitors, midwives and social workers has given the patient in the community a new confidence in his primary health care teams and the health workers a deeper understanding of the contributions of their colleagues. There has been an increasing emphasis in positive health and health education, and at present midwives and health visitors are concerned in bringing advice on Family Planning to those who would not necessarily be motivated to seek it themselves.

I should like to touch for a moment on the organisation of our services in order to indicate the many ways in which the nurse is able to influence policy decisions and thus affect society.

There are three main elements in our National Health Service — the hospital service, the community service and the family doctor service. All are the responsibility of the Secretary of State for Health and Social Security, but control of these services is delegated to three separate authorities. Nurses working within the service are employed by the appropriate authority. Traditionally, following the Nightingale pattern, the nursing service in each hospital has been under the control of a matron or chief male nurse who has been responsible to the hospital committee. With the establishment of the National Health Service 25 years ago, hospitals were grouped together under



Hospital Management Committees. Group administrators were appointed but there was no nurse at comparable level. In the early 1960's a Committee was set up to examine the situation. Nurses served on it and every nurse in the country was able to give evidence to it and to comment on its recommendations. They endorse them and in 1966 they were accepted by Government. The new "Senior Nursing Staff Structure" is designed to support the nursing staff at ward level, to secure improvement in patient care by a system of delegation and accountability with clear lines of communication and responsibility through unit and area officers and to provide a career structure for nurses. It includes the appointment of a Chief Nursing Officer at top management level responsible directly to the Hospital Authority. A similar structure has been established for the nursing services in the community and there has been a concentrated programme of management training at all levels and there has been increasing informal liaison between the senior nurse in these two parts of the service. But because of the complexity of the structure there is still a real risk of an interruption in the continuity of care of an individual patient.

In April 1974 there will be a complete re-organization of the NHS with unification of the three parts of the service under one administration. Health services will be organized on a district basis under a district team of officers of which the nurse will be an equal member with the doctor and the administrator. There will be Area Health Authorities to whom the district team will be responsible and they will be advised by Area teams of officers. Regional Health Authorities will co-ordinate services over a wider geographical area and will be advised by Regional teams of officers. At each level the nurse member of the team will carry full responsibility for her nursing service and will be an equal partner in the formulation of over-all policy. By statute there will be a nurse or midwife, nominated by professional associations, as a full member of each authority and there will be, in addition, strong professional advisory machinery at local and national levels.

Nurses have played a full part in formulating these proposals, in commenting on the various consultative documents and by deputations to ministers in particular areas of concern. They have had considerable influence in shaping a structure designed to give co-ordinated and improved patient care in the future and will have a responsible role in its implementation.

Our National Health Service is one of the largest and most complex enterprises in the world and carries its own peculiar problems. Policy formation should ideally start from an assessment of need but while the need is almost unlimited, resources are not. In his responsibilities for the service, the Secretary of State relies upon the advice of his civil servants and of his professional advisers. Within the Department of Health and Social Security there is a Nursing Division of some 50 Nursing Officers. Each has her own special subject in which she is an expert—it may be the development of policy for a specific client group, or a specialist service, liaison with one of the regions, an aspect of the building program, a particular area of nursing



education, an aspect of the personnel function, such as manpower planning or salary negotiation, international relations, or the research program, — and she works closely with a multi-disciplinary team of administrator, doctor and social worker as appropriate. They maintain close contact with the service and with their profession. Collectively they produce an identifiable nursing presence within government and can have considerable influence on the formulation of policy related to health services. As a professional head the Chief Nursing Officer is not responsible to any other member of the Department and is free to give direct advice to the Secretary of State and Ministers.

In stating that the Nursing profession and nurses individually are held in high regard by society in England, I am not speaking purely from personal prejudice — we have received recent confirmation of this from public opinion polls. I should not feel equally confident, however, of making this statement in respect of the status of nursing education as a whole. The majority of nursing students are still employed by Health Service authorities and while this does have certain advantages it does produce inevitable conflicts between the needs of the students and the needs of the service. Of recent years there have been developments in university programs and in some of these, because of the tremendous competition for places, academic requirements have been higher than for many other professions including medicine — but progress has been slow. One of our most exciting developments has been the recent report of the “Committee on Nursing” set up under the chairmanship of Prof. Asa Briggs to review the role of the nurse and the midwife in the hospital and the community and the education and training required for that role in an integrated health service. This report has made far-reaching recommendations, particularly with regard to a complete restructuring of the statutory bodies which at present control nursing and for a completely new pattern of education. The Report is still under consideration while we are studying in detail the manpower and financial implications; but an announcement of government decision is expected shortly. Nurses have been fully involved. They have been consulted and have commented freely on the recommendations, for they appreciate that their decisions will be deeply significant for the future of nursing and for the people of the United Kingdom.

Time does not allow a review of all the recommendations — but one which is of particular interest is that “nursing should become a research-based profession” and that “a sense of need for research should become part of the mental equipment of every practicing nurse and midwife.” Although our nursing strength is growing, the demands upon it are growing even more rapidly. Financial resources are limited and there are areas of care where there is urgent need of development. In certain parts of the country and in the less glamorous areas of nursing we have a shortage of “nurse power”. We need to study nursing skills and attitudes, organization of sources, selection and teaching techniques, so that we can assess and improve the quality and effectiveness of all that we do. While considerable progress has taken place in recent years we are far from a situation in which the average nurse is able

to appreciate the findings of a research study and to apply them effectively to her own practice. Until we have achieved this aim we shall not be in a position to give an accurate assessment of the subject you have asked me to discuss today or to evaluate in any precise terms nursing's effect on society.

In summary I have told you a little about Britain to set the scene. I have attempted to list some of the social forces which have had their impact on nursing in England during the past century and commented upon the interaction between nursing and society. In the latter part of my talk I have mentioned some of the recent developments whereby nursing may have an effect on society — but their success will still be judged by the quality of the personal service given by one caring individual to another.

While discussing with a colleague the other day the difficulty of producing an accurate definition of “nursing”, she made an interesting observation. “Maybe we bother too much about definitions”, she said, “ if a patient calls ‘Nurse’ in the middle of the night he knows what he expects — perhaps it is for us just to make sure that he gets it.”



Three guest speakers: Miss M. Josephine Flaherty (Canada), Constance Holleran (Washington, D.C.), and Miss Phyllis Friend (London). (Photo #2)

# Impact of Social Forces on Nursing in Canada And Nursing's Effect on Society

*Miss M. Josephine Flaherty*

*Dean and Professor, Faculty of Nursing*

*University of Western Ontario, Canada*

Miss Lepper, ladies and gentlemen of the Massachusetts General Hospital School of Nursing: First, like Miss Friend, I would like to thank you for the honor you have bestowed upon my county and upon me to participate in the extremely important event and celebration. From the nurses of Canada I bring your warmest greeting and congratulations on your first century of achievement and best wishes for an equally illustrious second century.

Thinking about the impact of social forces on nursing in Canada and its effects on society has been a complex undertaking but one which has proven interesting and enlightening. To present a comprehensive description and analysis of the development of Canadian nursing is a task for another day and another place. My purpose this afternoon is simply to glance at some of the factors which seem to have had the most marked influence on nursing north of the border and to suggest some of the ways that nursing has helped to shape Canadian society.

Nursing in Canada, of course, must be considered in the light of the history of the country and its social and economic development; all of which have been major influences on the shaping of health services. Canada, like most countries, was influenced greatly by its first inhabitants — the French settlers who from the beginning of the 17th century settled along the St. Lawrence River System.

Early records show that the first nursing services were provided in 1617 when the wife of a surgeon-apothecary visited the sick of the colony. Subsequently a major role was played by the French Religious Sisters whose impact was felt in the United States as well as in Canada where their influence has continued to the present day. Two Canadian hospitals established during the early French period have the longest history of active service in America. The first, the Hotel Dieu in Quebec was founded in 1639 by three French Augustinian nuns who were sent out by a niece of Cardinal Richelieu with advice of St. Vincent de Paul. In 1641, Jeanne Mance, the first lay nurse in Canada, founded the Hotel Dieu at Ville Marie which is now the city of Montreal. Mlle. Mance was distinguished not only for her ability as founder of the hospital but also for her outstanding contribution to public affairs. Backed by wealthy French friends she built and directed the hospital.



At the same time she became the guiding spirit, planner and chief executive of the settlement. As a result she has been associated closely with Maissonneuve as one of the City of Montreal's founders. Statues in her honor abound in Montreal, in the hospitals and in the city squares. Recently the Canadian post office issued a commemorative stamp to honor her on the 300th anniversary of her death. Thus, from the beginning; Canadian nurses have had as a role model a nurse of extraordinary wisdom, courage and ability who marked a trail from which Canadian nursing has never strayed too far.

Several factors have helped to account for the position of honor that nursing in Canada has enjoyed throughout the last three and one-half centuries. First, nursing from the start was regarded as an honorable calling practiced by religious sisters and gentlewomen. The influence of St. Vincent de Paul which was strong in early French Quebec has persisted and until relatively recently, especially in Quebec, the religious orders were major directors and influencers of Canadian service and education. As the founders and owners of many hospitals they were often the first providers of nursing care. As founders and directors of schools of nursing they have broken ground and set patterns for nursing education. As pioneers in the early settlements of the country they were the forerunners of the modern public health nurses, as they established and operated various types of community health centers which may well have set the pattern for the primary care nurse of today.

It is no accident, ladies and gentlemen, that religious sisters who were among the first settlers in the Canadian west provided the early health care facilities in the hospitals and in the communities in most Canadian provinces. It was a task which fell to the nuns because there was no lay nurse to attempt it, although there had been hope expressed much earlier for the future of lay nurses; and there was even a duel fought over the question in Montreal. In 1819, a certain Mr. Michael O'Sullivan, a member of the Quebec Assembly protested to a Dr. Caldwell over the doctor's plan to introduce lay nurses at the Hotel Dieu. The Irishman said it was wrong for the sick to be treated by hirelings rather than by women dedicated by religious vows to the service of God through the care of the sick. Indeed, the argument got so hot the gentlemen fought a duel over it. It might be said that the champion of lay nurses won the argument 3 to 1 because he hit the detractor three times and caught only one bullet himself. Both men recovered but with what sort of nursing care has not been recorded.

With the changes in the Catholic Church which has resulted in a greater integration of the Sisters into the community at large; and with the Nightingale Era, nursing leadership began to shift to lay persons. As government assumed increasing responsibility for health care, and as the number of religious orders have decreased in Canada, and as nursing education moved away from the control of hospitals toward the general education system; the Sisters have examined their role in nursing. Some are now breaking new ground in outreach centers in business and industrial sites and shopping centers, geriatric care, and the development of the changing roles for the nurse. There is little

doubt in my mind that the Sisters will continue to play a role in health care in Canada and it is likely to be a pioneering one. Their prominence during the early years which insured that women were not excluded from the healing role, as was the case in many countries, may well be responsible for the virtual absence of a "Sarah Gamp Era" in Canadian nursing. The high regard Canadians traditionally have had for religious groups, the atmosphere of religious freedom which has prevailed generally in Canada and in the United States, and the recognition by Canadians of the necessity for health care for all — have permitted nursing to flourish.

Another factor which is linked with religious tradition is the pioneering spirit and the romance of the frontier. It is similar to the tradition in this country but it still persists today in the Canadian north; for example, it was about fifteen years ago that I was beginning my nursing career and it was in a northern outpost. Today Canadian nurses are still scattered throughout the provinces and territories in a variety of outpost hospitals and nursing stations where they are close to the people and are highly respected members of the community.

Although much larger in land mass than the United States, Canada has only a fraction of the population with the majority of its people living within a couple hundred miles of the United States border. The more northern reaches of our provinces and the territories are sparsely populated but active communities do exist and the health needs of the people must be met. The British North American Act defines health and education as provincial matters; thus the Federal Government has played a much less prominent role in these two areas than is the case in many other countries. When provinces are responsible and where there is a multi-lingual and multi-cultural atmosphere, as opposed to a "melting pot" concept, there is freedom for and encouragement of diversity. In Canada there has been room for exploration and experimentation in health care. Although this system has many drawbacks, it has allowed for innovations and the provision of patterns of health care which are uniquely suited to the particular needs of the different regions of our vast country.

From the beginning, health care in Canada has enjoyed the support and respect of the leaders of society and those of the rank and file. The first hospitals in lower Canada were subsidized by the French Aristocracy and the colonial governors gave much support to early health workers. This tradition was never lost; for example, a couple of centuries later seeing the need for the provision of nursing care in the home, Lady Aberdeen, the wife of the Governor General spearheaded the establishment of the Victorian Order of Nurses. They provided home nursing care in rural and urban centers, opened Cottage Hospitals and maintained them until municipalities were able to assume responsibility for them, they went to the Yukon to provide frontier nursing service, and today they are found 1,000 strong in nine of Canada's ten provinces.



The plan for Cottage Hospitals was developed further by the Countess of Minto who succeeded Lady Aberdeen as president of the order. A series of Lady Minto's hospitals were established in small communities across the country. Eventually all of these were taken over by municipalities or closed and replaced by larger hospitals. They served an unique purpose and helped to win the support of the Canadian public in the recognition of health care as a right rather than a privilege.

The Canadian Red Cross Society has played a significant role in the provision of health care in rural and frontier areas. Today, Red Cross Outpost hospitals and nursing stations staffed by nurses are still scattered across the vast reaches of Canada and are maintained until municipalities or rural health units are able to assume responsibility for them. Many of Canada's rural hospitals were once Red Cross outposts.

There is no doubt that activities by nurses and nursing has featured largely in the development of Canadian society. One of the unique features of Canada is the steady growth of socialism, unique particularly in spite of the absence of a socialistic government; indeed, Canada may be the most socialistic country in the western world outside of Scandinavia. This has influenced health services and life in general to a great extent. The belief that health care for all is a right rather than a privilege prompted attempts to provide health facilities even in the smallest communities. Small hospitals were opened so that doctors would be attracted to rural settlements and this helps to account for the staggering number of hospitals which have existed in Canada. Times change and medical practice becomes more specialized and family physicians were on the decrease. As industrialism increased and much of the rural population moved to the cities; and as transportation improved, many small hospitals were closed and patients went to larger centers.

Today the trend in Canada is toward the establishment of community health centers, staffed by family practiced nurses and general physicians, where high quality care will be accessible to all. It is believed that the best use; thus may be made of specialized and generalized facilities. To encourage this movement, nurses are being prepared to work in community settings and medical schools are offering special preparation for family or general practice. At McMaster University in Hamilton; for example, an educational program has been started and underway for several years, to prepare nurses for work in family health practice settings. This program requires that both physicians and nurses attend the classes and participate in the practicum. This state of affairs is not without its problems. Although nursing steeped in a strong public health tradition supports strongly the move toward the community health center, there is opposition. Many physicians fearing the loss of the medical monopoly and uneasy about the increasing role government is playing in the financing of health care, are opposing the community health care movement. Similarly, hospital associations see it as a threat to the central position that hospitals have occupied for so long. On this issue; however, Canadian nursing

has spoken loudly and clearly for the public plea for increased accessibility to the health care system. There is no doubt that this has had an impact on government planning and action; thus that the voice of nursing has helped to shape Canadian health care of the future.

Canadian society has often been said to be classless, a situation which is probably a result of the pioneering tradition and fact that settlers from many countries and walks of life lived close to nature and close to each other. From the earliest times Canadian nursing has also been largely classless. The professional family in Canada was as likely to have a daughter in nursing as was a working class family. The nursing population has been representative of the general female population of the country. Canadian nurses have never been regarded as maids and schools of nursing were often looked upon as finishing schools. Because of this, our country has never lacked applicants for nursing education. Indeed, when the supply of candidates exceeded the demand many came south to the United States. While some remained, others returned and the long tradition of exchange of personnel between the two countries was begun and has persisted for nearly a century. It is obvious that Canadian nursing has been influenced very greatly by American nursing. History shows that the reverse is also true. Many Canadian nurses, for example, were educated at Bellevue. Some stayed in the United States to become leaders in American nursing. Among those who came home were Mary A. Snively, founder of the Toronto General Hospital School of Nursing and Edith Draper of the Royal Victoria Hospital in Montreal. Remaining in New York was Louise Darshe who with an English colleague started the first school at City Hospital of New York. Canadian born Isabel Hampton Robb was succeeded at Johns Hopkins by one of its first graduates also a Canadian, Adelaide Nutting — a great teacher, administrator and leader in the development of university education for nurses. It was still another Canadian, Lystra Gretter, who directed the Training School at the Harper Hospital in Detroit and established in 1891 the first eight hour day for students. One wonders when one looks at history just where that eight hour day went because it took us quite a long time to get back to it. With a committee Mrs. Gretter formulated a Florence Nightingale pledge, one of the earliest written codes of ethics for nurses. Canadian born Agnes Deans is very well known in this country for her work in the organization of nurses associations.

American and Canadian nurses shared their experience and concern for the orderly development of education. While the first North American School of Nursing was established in the United States, Canadian schools followed quickly. Many of these were directed by American trained nurses. After several unsuccessful starts the School at the Montreal General Hospital, and that's the other MGH, was established firmly in 1890 by Norma Livingston, an American graduate of the New York Hospital. In 1893, the first Bi-National Nursing Association was formed when directors of schools of nursing joined and formed the American Society of Superintendents of Training Schools. In 1896, the Nurses' Associated Alumnae of the United States and Canada, of

which Isabel Hampton Robb was the first president, was founded for the rank and file of nurses. Nurses from both countries banded together in 1899 to support the first college program in nursing at Teachers College, Columbia University. The work at Teachers College of Isabel Hampton Robb is well known. When her Canadian colleague, Adelaide Nutting, took the Chair of Nursing she became the first professor of nursing in the world. The first nurse to receive a masters degree in this program was still another Canadian, Isabel Maitland Stewart, graduate of the Winnipeg General Hospital. Chairman of the Vassar Training Camp Project during World War I, she taught and guided many Canadian and American nurses who went on to become outstanding nursing leaders. Her work at Teachers College is responsible in part for the great attraction that school has always had for Canadian nurses.

It is worth noting that at least one half of the nurses in Canada who at present hold doctoral degrees received them at Teachers College and a very high percentage of Canadians with advanced preparation received some or all of it at Teachers College. Among these was Ethel Johns, Winnipeg General Hospital, classmate and close friend of Isabel Maitland Stewart. In 1919, Miss Johns was appointed to the University of British Columbia where she founded and directed the first degree program in nursing in Canada. Later she left Canada to come back to the United States and stayed here a good deal of the rest of her life until her retirement when she did return to Canada. An excellent source of information and insight into Canadian and American nursing during the first half of this century is a new source. It is a delightful book by Margaret Street, who is well known to many of you, entitled *Watch Fires on the Mountains*, the life and writings of Ethel Johns, soon to be published by the University of Toronto Press.

Miss Johns and Isabel Maitland Stewart both prolific and articulate writers had tremendous influence on the formal formation of Canadian nursing; indeed the two of them became organizers at a very early age. They were the ring-leaders of the first organized protest by nursing students in 1902, their graduating year. Their protest was over what they thought was an unfair dismissal of graduate nurses. In spite of this little foray into rebellion; however, Miss Stewart received a prize at the graduation at which the speaker urged that the basis of nursing education be broadened to include history, sociology, theology, literature and biography. It is obvious that at least two of the rebels heard the message.

One of the most important links between Canadian and American nurses has been the Massachusetts General Hospital where Canadians have always been welcome and which has had a long history of exchange of ideas, personnel and educational facilities. Canadian nursing shares with you today the pride and joy of the century of achievement, the affects of which have been felt all over the World.

Around the turn of the century and with founding of the International Council of Nurses and the decision to admit only national nursing organiza-

tion, the strong formal tie between American and Canadian nurses was severed. A few years later; however, Canada formed its own national association and joined Great Britain, Germany and the United States to become the fourth member of the ICN. The Canadian organization lead to the formation in 1930 of the Canadian Nurses Association, a federation of professional nurses' association which has provided continuing leadership to Canadian nursing. Among its achievements has been an on-going dialogue with the medical profession, with government and with nurses throughout the world. Perhaps, most outstanding is the achievement of full bi-lingualism in the Association and the publication of its own journal in both French and English editions. Through the CNA nurses in Canada are cooperating and communicating as never before. The Association has played no small part in the improvement of nursing education and nursing service and in the polarizing of Canadian nurses.

Traditionally nursing has been thought of as largely a female profession and nurses have been regarded as rather a submissive lot. This image is somewhat deceiving; however, for throughout its three and one-half centuries of history, Canadian nursing has certainly had its moments and has been blessed with inspired leaders who always seemed to appear when they were most needed; and whose leadership has spurred us onward when we most needed to be pushed. Several unique features of Canadian society help to make this possible. It has been mentioned that government support of health care, the socialistic character of Canadian society, and the belief in the right of every citizen to health care has made public interest in and debate of health care not only possible but inevitable. Virtually every Canadian today has health care insurance and is interested in the character of that care.

Another characteristic of Canadian nursing and health care is a long history of dialogue between medicine and nursing. Although sometimes one has wondered if it was two soliloquies or the mute talking to the deaf. Canada has a long tradition of Royal Commissions and White Papers, both are avenues through which individuals and groups can be heard. During recent years, comprehensive studies of health care and health service education have been carried out at provincial and federal levels and sweeping reforms are in process. During the past decade there has been an increasing rapport between the Government and those it governs. At every opportunity organized nursing has spoken, presented briefs, lobbied government and members of the public. That its voice has been heard is evident by the respect which the organized profession enjoys at all levels and the impact it has had on the formation of health care policies.

During the past four years as an officer of both Provincial and National Nurses' Associations I have had the opportunity to be involved more intimately in Canadian nursing than would have been possible from almost any other position. During that time there has been a subtle but distinct change in the nursing profession in Canada. A change which I believe has brought nursing





Three happy participants: Miss Ruth Sleeper, Miss Natalie Petzold and Miss Edna S. Lepper. (Photo #65). Checking to see what classmates have registered are: One unidentified member, Laetitia Kokowicz '69, Diane Battles, Co-Chairman Awards and Recognition; and Jean Rodrick Bogg '53 (Photo #88)





to the threshold of what maybe its finest hour. From a profession of whose many members were still trying their wings in the political and activist arenas, the Canadian nursing profession has become one of the most active and aware groups of professionals in the country. Nursing as a social force is being seen and heard as never before. Among the issues which precipitated this change especially in Quebec and Ontario is the question of education and regulation of the health disciplines. Unprecedented new legislation involving all of the health professions has been passed in Quebec. Nursing played a major role in the shaping of this legislation. The Health Discipline Act of Ontario should be introduced in the House very shortly. It includes the extent to which the health profession should be self governing and the amount of participation that there should be by lay persons in the regulation of the health disciplines. Provisions have been made for all nursing education programs to be in the general education system of the country, a goal which nursing in Ontario has struggled to achieve for over one-half century and which was finally realized 28 days ago. Nurses have been visible, vocal and very articulate, as government has involved the public in the development of legislation more extensively than at any time in history. The results of our efforts; however, remain to be seen as the job is not yet finished.

It is obvious then that nursing in Canada is a product of the social and political environment in which it functions and that it has left its mark on Canadian society. It has experienced both victories and failures. You will notice that I have avoided dwelling on the failures. I feel somewhat supported in this by a comment of Miss Sleeper that we should learn from our failures but not dwell on them or brood about them. However, in these days of liberation I do feel obligated to mention one national failure. This has been the persistence of discrimination against men in Canadian nursing; for example, female nurses have enjoyed officer status in the Canadian Air Force since very early in the century, men received this status only during the last decade. Even more amazing is the fact that until 1969, by law no man could become registered as a nurse in the province of Quebec. In that year the law was changed and the Quebec Association changed its name to include both sexes.

There are many other battles to be fought and won. Canadian nurses are divided on many issues as the provinces grow, develop and encounter problems at different rates. The Report of the Council of Health published in one Canadian province, which shall remain nameless, in June 1973 stated, "Nursing education should be designed to meet the needs of the physicians." The irony of it is that the Chairman of the Health Council couldn't see why I was so upset. One might dispare except that we know that nursing in both of our countries has developed as a profession in what might be called a "blast furnace at white heat" and been hammered out to be what it is now. It has been a long and arduous battle and it is not over yet. Progress has been made; however, the very forces that have shaped nursing in our countries will provoke further change.

It has been said that creation is free to create and to make new paths and orthodoxy must pay a penalty, like a parking ticket for staying too long in the same place. I believe that Canadian nursing has accepted that challenge and is working to insure that neither the profession nor the society in which it functions will pay the penalty.

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## Experiences as a Nurse on a Medical, Nursing, and Patient Team on a Medical Unit

*Miss Dorothy M. Smith, Dean Emeritus*

*Professor of Nursing and Medicine*

*College of Nursing, University of Florida*

I am, of course, delighted and honored to be here. Believe it or not, I was 48 years old, literally, and had already been out of New England before I knew that MGH stood for anything except this Hospital. At about that time I found that it did indeed stand for Montreal General Hospital and the Minneapolis General Hospital and I'm sure there are many more. The other reason that I am delighted and honored to be here is that throughout my life I have had a tremendous number of people help me. One of the great people who helped me was a graduate of this School. Her name was Helen Potter and she was Director of the School and Service at Quincy City Hospital when I was a student and I later worked with her. I was shy then as I still am, actually. She would take me, and sometimes Rita Kelleher, to meetings and introduce us to all the people of whom we stood in awe. Then, in order to force me to get to my feet, she would write questions which I was to get up and deliver verbatim. A tremendous woman and one who really gave me and other students, I think, and other employees confidence that one could do something about nursing.

I was given the topic "Impact of Social Forces on Nursing in the United States and Nursing's Effect on Society", and frankly it frightened me. I advised your committee, who have been tremendously great in helping us all, that they should get somebody else. It is such a broad topic and I felt it had been written about and that previous speakers would do justice to it.

I thought I would tell you about the experiences I have had as a nurse on a patient team. I do think they will have import for your main topic. There are no great solutions. I am a reformer, I am addicted to the betterment of patient care — nursing care, and so because I am a reformer I suppose I will overstate. I think there will be many solutions to some of the problems that I am going to talk about. I'm sort of leery of one solution, just one solution for all problems. I read with great interest not too long ago, that at one time the blackboard was considered to be the answer to all education problems. "It is the tableau for recording mental processes of the pupil; it is the mirror reflecting working quality and character of the individual mind; it is the chief auxiliary of the teacher, the aid, the mentor, the guide." Blackboards are great but I'm a little leery of naming one solution. Oliver Wendell Holmes in *Autocrat at the Breakfast Table* says, "talk is spading up the ground for proper thought." As with any crop one can't always answer for the results, but I hope each of us grows at least one new thought. That is my objective and I assume it is the objective of this Convocation.

I would like to start the body of the talk by listing some stressful factors in the care of the ill in hospitals: that I have seen and that have been documented. These are patients on a medical floor in a teaching hospital. Not just patients but physicians and nurses, as well. For the patient's stressful factors: lights not answered promptly, inability to maintain usual defenses against anxiety — a very important factor, concern about the results of tests, isolation from meaningful contacts, food, bowels, sleep, admission and discharge depression — learning to be sick and learning to be well. These are found in every institution that I know of, to be stressful factors for the patients.

For the physician: orders for the patient not started promptly, carried out correctly and charted; equipment wanted not available; diagnostic test progressively showing no demonstrable significant organic findings related to symptoms (there is nothing more stressful, I shouldn't say that — that's an overstatement, there is hardly anything more stressful to a medical diagnostician than not to be able to find something that explains the symptoms and how the physician copes with this, depends on how he was brought up); questions from patient and nurse to which no definitive answer can be given, such as the most elementary, "When am I going home?"; symptoms that patients should not have according to clinical findings; patients who are in pain, are crying, are afraid, etc.; lack of meaningful and productive communication with patient and nurse. While I have had many years of working with physicians going more than half way, have had success and failures, have had far more than anyone persons share of patronage — because I stayed in the arena; I still for some reason or other can't completely block them or knock them out. I believe that physicians are necessary to patient care. Physicians are human beings, as we are, and most of them want meaningful and productive communications. They don't know how to get it, and sometimes we don't know how to get it. I do think that is an area of stress if for nothing





Guest speaker, Miss Dorothy M. Smith, and presiding officer, Miss Edna S. Lepper. (Photo #40)

else than their ego — I think it is more than that.

For the nurse, all the above stressful factors since the stress of the patient and the physician evitably effects the nurse or nursing; who or which is a constant with the patient and physician. Plus some more stresses, for example, having to care for whomever is admitted. Physical therapists are now making appointments with patients, and we make appointments for dietitians or nutritionists to see patients. The physicians have some control over the admissons. Nurses are just about the only members of the health team who takes whomever comes, regardless of staff or equipment. A second stressful factor is the conflict between the nurse's medically delegated healer-cure functions and her care functions. This conflict is partly due to the fact that knowledge and awareness of behavior dynamics; physiological, psychological and social has outstriped nursing proctice; hence nurses are suspended between at least two roles and maybe more. In my observations nurses are frightened, resentful, anxious, seemingly displaced, unrecognized and relatively non-productive with either care or cure functions in any systematic way. I'm talking about the nurses on our patient units. We have not developed a clinical nursing science, or the procedures, or the tools, or



system for the care functions; although many have been developed for the cure functions. Because of this we have not developed systems for the relating and intergrating of care and cure. Another very important stressful factor, although I mentioned it in the case of the physician, is the matter of equipment and other needed tools for the nurse to carry on her business. I noticed in a local newspaper in Gainesville a letter to *Action Line*. The writer said, "I'm a teacher in North Marion Middle School in Reddick. I'm teaching Humanities, the first year the program has been taught here and materials in this area of study are limited. I desperately need materials such as: magazines, prints, anything to do with the field of music, history, art history, or just music or art. I'll appreciate any help you can give me. Donations may be brought by my apartment in the evening or on weekends." There is a similarity to us, a program was started with nothing to work with and the public hasn't supported some of the findings that need to be brought into the public schools; nor has somebody — its hard to know who to blame — not supported findings that would give nurses more up-to-date tools, better equipment, etc. Here is a teacher who is having to beg for the very rudiments of a program that was started by somebody, Board of Education, or County Commission, or whoever. I imagine unless your situations are greatly different from ours that we could all write letters to *Action Line* about programs that have been started with the lack of materials or human backup.

The practice of a profession ordinarily determines its educational programs and its research. That practice may be actual, outdated, idealized, future oriented, or imagined; but there must be a notion of some kind of practice. Otherwise, education and research can be likened to care without steering wheels. I plan now to look at professional nursing practice from three different frames of reference. All three exist today and I have seen them on this particular medical unit, although not in pure form. Each has some influence on education, research and the organization of nursing service.

The first frame of reference is that which assumes that professional nursing practice consists of administration, supervision and teaching processes. This is the oldest and most prevalent system and probably started as a matter of hospital economics. The fact that advance education for nurses took place for so many years in colleges of education also encouraged this frame of reference. This is one of the reasons why the teaching profession in public schools is having a difficult time. Their frame of reference has also been in terms of administration. It is easy to see why this system started but very difficult for me to see why it has lasted fifty years. It is a costly and inefficient system that educated persons to practice nursing but then puts most of the rewards on the practice of administration, supervision and teaching. Both nursing and education — public school education — tend to reward persons with more money and prestige the farther they move from patients and students. In Gainesville, we have a coordinator of visual aids who gets more than a fifth grade teacher. Can you imagine teaching fifth grade these days? Yet the person who coordinates, whatever that means, visual aids gets more

money than a fifth grade teacher — that's society; that's a force.

We could say that this state of affairs is the fault of society, of physicians, of hospital administrators; and there may be some truth to this for perhaps the later two groups have benefitted. In my opinion society has not benefitted in terms of nursing care. In any event, nurses themselves bear some responsibility, although I do admit the reward systems have been remarkably effective in the maintenance of the status quo. It is hard to turn down more money and better hours to continue to practice nursing.

There are some interesting questions to raise about this frame of reference. What constitutes leaving the profession besides unemployment? Are teachers, supervisors, administrators members of the profession if they do not practice nursing consistently? What about colleagues? Professional colleague-ship implies a common interest in interlectual matters usually rooted in research. What interlectual matters engage us? From a cursory look at the literature one would have to say there are a few writings on clinical professional nursing practice. (Out of Boston comes the *New England Journal of Medicine* which is probably one of the best magazines that medicine has. Pure reseachers would say it is not research because sometimes the case studies are on one patient, two or even three patients; but they've got it there on the line. There is always something from the Massachusetts General Hospital. Why hasn't someone in New England started something like that for nursing? Why can't we put something about nursing in this Journal, it's coming right from this area?) The matters that seem to engage us inter-lectually are those dealing with curriculum, teaching methods, characteristics of nurses, staff turnover, staffing patterns, staff motivation, and the diagnostic and treatment of disease. This is the subject matter of administration, supervision, teaching, and medicine.

Where does the nursing student get an idea that professional nursing practice is interlectually stimulating? Do they get the notion that professional nursing practice is something to be talked about but something that is expendable in application? Is is an abstract for which there is no operational guide lines? Since nurses have not and still are not, to any extent in spite of new hospital accreditation guidelines, encouraged to record their clinical experience on charts; what is learned by every nurse (which is considerable — even by trial and error) is lost. This makes for a certain discontinuity of learned experience.

In August 1973 in *Nursing Outlook*, there was an article on "Continuing Education". There was not one question related to the patient himself. The only questions that were asked were concerning the medical orders of drugs and a few esoteric treatments. In an *American Journal of Nursing* article written by two nurses, the title is a medical diagnosis, there are eleven references all related to the diagnosis and treatment of the disease. The nursing care discussion is general and platitudinous; for example, "that a patient should be encouraged to maintain an adequate diet and to defecate regularly." Another example is a statement that, "every effort must be made to keep the patient

free of odor." Then there is a paragraph that lists relief of pain, prevention of problems related to immobility, and then says that these are often the most important needs of such patients. Such statements remind me of a story I heard quite a while ago about the grasshopper and the owl. The grasshopper had pain every winter because of the cold. When he consulted the owl he was told to change himself into a cricket and hibernate during the winter. The grasshopper was delighted with this sage advice. Later, however, he came back disappointed and told the owl he didn't know how to change himself into a cricket. The owl looked wise and said, "All I can do is give you the principles, it's up to you to work out the details."

Sometimes our curricula seems filled with details of other disciplines and the so-called principles or moral platitudes of our own. Still relating to this frame of reference. Is it possible as postulated by Isabel Menze (from England) in her report of a study done in a nursing service of a general hospital in 1970, that this particular frame of reference is a defense against anxiety. What she says in this report is, "social institutions are sometimes maintained because they are a defense against anxiety." I have already listed enough stressful factors to make it almost imperative that we develop some kind of defense against anxiety, but this particular one maintains distance from the patient, and it maintains unenvolvement. (The float system, which I think is the greatest horror known to man or God — this system certainly maintains distance and unenvolvement). I would hope that we could find better defenses.

The second frame of reference is the much talked about "expanding role of the nurse". I'm not against prevention or community, but I hate us going out into the community without having cleaned up what we are suppose to do in the care of the sick — compound the evil. The two synonyms for expand in *Websters Dictionary* are "swell" and "inflate". "Swell" means an expansion beyond a things original circumference or normal limits and it denotes the possibility of bursting. "Inflate" means expanding by the introduction of a substance and suggests a resulting vulnerability and liability to sudden collapse. A third synonym is "amplify". This implies extention of something which is inadequate or obscure, that is, filling in the details. From statements I have read concerning the expanded role of the nurse, the details to be added are those of the practice of medicine and there is danger that nursing will burst or collapse.

When I was a nursing student there was a legitimation for the adding of the giving of intramuscular injections to patients to the nursing repertoire of skills. This move was necessitated by the discovery of new treatment drugs given intramuscularly. This was not called expanding the role of the nurse. It was brought about by practical necessity and by the fact that the procedure could be taught and learned in a rational manner. Furthermore this was during the Depression and there was no shortage of nurses. Adding this procedure to our repertoire did no harm to the mission of nursing as seen then. I'm saying here that overlap with medicine or taking from medicine

should continue but not to the loss of nursing. There is no agreement on the expanded role, sometimes called the "physicians assistant," or sometimes called a "clinical specialist". Some physicians see this new term "clinical nursing specialist" as a form of physician's assistant because much of the knowledge in these nursing specialists program is so-called medical knowledge. Some of the functions that have been listed are: taking medical histories, doing basic physical examinations, management of minor illness, doing laboratory tests, giving immunizations, doing sight and hearing tests. Some functions are vague and some have been done by nurses for years, with or without mandate. There seems to be a belief that expanding the role of the nurse, along medical lines, will suddenly and miraculously provide medical care to rural areas and to poor in the inner cities and will restore home visits and night calls. There is no guarantee, as far as I can see, that all nurses so expanded will settle down in Watts, Louisiana or in Leeds, Maine which has a population of 2,000; any more than the physicians. (I think community health centers have a great possibility but I would like to know what nurses are going to do in those centers.)

The first frame of reference seems to be related to hospital economics. This one seems to be related to medical economics. I suppose the nurse anesthetist program could be called an expanded role. What has it done to provide better nursing? The types of functions usually discussed under the rubric of the expanded role seems more appropriately called the extended role of the physician. I am not talking here, whether or not there is need to be a category of worker called physician's assistant. I am only talking about nurses in these roles. Do these nurses still belong to the profession if they assume these roles? What interlectual matters engage them? It would seem that the first frame of reference leads to an orientation to agencies or institutions and are concerned with the good will of the employer—a keeping the show on the road, a keeping things tidy, a don't rock the boat attitude. The second frame of reference leads to an orientation toward medical care and a concern for the good will of the physician.

The third frame of reference is professional clinical practice with patients. Its purpose and orientation is that adaptive state called health. It implies that there is a nurture and function in the health arena that can be made clear cut, efficient, viable and valuable. This function is carried out universally by all nurses but not systematically. It is not recorded or rewarded, generally. It is thought of as something extra and ascribed to dedication to patient—never intelligence, just dedication or to other personality factors. It is sometimes thought of as inborn rather than learned and it is thought by some that the describing of it or prescribing of it, will cause it to disappear. This frame of reference implies expanding the nurse's role by opening out and unfolding; much as a tulip expands in the sun, or a chest is expanded by breathing deeply. A tulip remains a tulip and a chest remains a chest, there are limits. This frame of reference implies amplification by filling in the details of nursing which are indeed obscure or inadequate at the least and intuitive at the best. It assumes



that nursing has intellectual content and this knowledge determines the way it looks at phenomenon. That it looks at these phenomenon, whether a B.U.N. or whatever, from a different viewpoint than do physicians, hospital administrators, physical therapists. It is these differences that make up a team of workers. The traditional concept (I believe erroneous) of a health team seems to be that all workers have the same knowledge but some have more of this same knowledge than others (that's not a team — that's a hierarchy or something — but not a team). Patient needs that nursing deals with are: protection, comfort, nurturing, maintenance and growth of healthy body function and behavior. Professional nursing practice consists of finding out what the patient needs, making a plan to meet these needs, implementing and modifying the plan, and evaluating the results on the basis of what happened to the patient, and keeping records of all these. Nursing; thus embodies cognitive interpersonal and technical skills. Very few of these skills have been rationally developed in terms of predictability so there is ample opportunity for stimulating intellectual matter in which nursing can be engaged. However, the problem must come from continuing analysis of the real world of nursing — from nurses dealing with the clinical nursing problems of patients.

The big question (this is where this ties in with your speaker this morning) is whether or not enough young persons can be recruited and educated to take on this professional role which is not shift or time oriented and can not be dropped one year and picked up the next year without something going on in between. I do believe that probably the most critical factor is whether or not nursing can begin to meet some of its obligations to the care of the sick. The kind of intelligent work that needs to be done with patients, which is just as much bedside nursing as giving a bath — but harder: demands motivated, committed, involved nurses. Not people, as I have sometimes told our students, who are in nursing in order to have something to fall back on in case the husband they haven't got yet, dies.

We badly need studies. These studies at first have to be descriptive. I read some place not too long ago that — in relation to pain I read, "What your doctor gives you for pain is probably not a result of his medical knowledge but a reflection of his moral attitude toward suffering. One physician will sew up a youngster's cut hand with a comment 'this is going to hurt but you are brave and won't cry', another will give general anaesthesia, another local anaesthesia." The article went on to say that "the bible and a spirit of the American frontier probably have more to do with what the doctor gives the patient in pain than any medical textbook." Whether this is true or not, I don't know but it is an interesting thought.

Let's take nursing. Let's suppose there is a wakeful patient at 0-200. One nurse might immediately give the patient a sleeping medication, another nurse might give the patient a back rub and warm milk, another nurse might sit down and talk with the patient. In most cases, I submit, these nurses are operating according to their personal convictions, their biases — their feelings about sleeping pills or wakeful patients and their invalidated past experiences.

Yet what else can we do? There is little data on patients sleeping habits on charts, perhaps the patient hasn't slept for a year. The three nurses discussed previously do not record, generally speaking, their analysis and the handling of the situation and the consequences. So, there is no recorded data on charts from which to begin to categorize wakeful patients in order to get descriptive predictable outcomes and subsequence evaluation. If one asks a nurse what she or he does all day, one would rarely get an answer such as, "I identify patient nursing care problems, I list alternative solutions, and I examine all of these in the light of whether it is appropriate to my data, feasible and acceptable." I haven't had that answer very often.

In 1939, Martha Ruth Smith included some patient care histories written by students in her book *Introduction to the Principles of Nursing Care*. One assumes she used student presentations because graduate nurses were not keeping data. Almost forty years later the picture is pretty much the same. Why should students continue to do this, never to do it again when they graduate? Do they learn it well enough to practice what they have learned of how to function professionally, since faculty and staff are generally not functioning in this manner.

There is one hopeful note, maybe more, but I only have time for one. The Iowa Nurses' have filed suit against the Merit System, because they apparently wanted to fire a nurse who wasn't doing nursing assessments, writing on the charts and the Merit System said (and this is dreadful) that they found no evidence that the patients with plans received better care, and therefore she should stay. At least these nurses are trying to do something about it and this is pretty exciting to me — win or lose they are trying.

Louise McManus said in 1949, "Over a period of time some of the specific functions and activities of nurses have changed to keep pace with the advancement in medical science and social needs, but such changes have resulted more in a shift in emphasis rather than in the establishment of entirely new functions, essentially interlectual functions." I'm talking about interlectual clinical functions. Florence Nightingale wrote in 1859, "You think fresh air, and quiet, and cleanliness extravagant and perhaps dangerous luxuries which should be given to the patient only when quite convenient and medicine the *sine qua non* or the panacea." Perhaps this third alternative is still considered extravagant and dangerous.

Hospitals have responded to changes such as; health insurance, shortage of professional and skilled help, personnel, growth of auxiliary, sub-professional fields, major advances in medicine, drug therapy, transplants, etc. Hospitals have done little to meet the needs of patients internally, to modify its own operational functions in order to meet some of those stressful factors with which I started; in order that the patient feels he is something more than an immobilized person. The care is segmented and instrumental. Outside the confines of the family, physically there is no more exposed or intimidating environment in which a person finds himself. Emotionally and socially; however he is typically neglected, finding the usual hospital situation anxiety

producing if not frightening. Also, he is cut off from the usual reinforcements of his social contact.

Basic intergrated and supportive elements in the life pattern of an individual are found in interactions with others — primary type relationships. No matter what the specific situation may entail there is little doubt the more primary the relationship among actors the greater the social cohesion; the more attainable the common goals, the more personally sustaining and need achieving. Conversely, those relationships which are non-primary, segmented, instrumental, detached; are less socially and personally rewarding for any of the actors.

There is also little doubt that relationships between health workers and their patients and among such workers themselves are typically of the non-primary type. (I'm not talking about dating with the orderly or whatever. I'm talking about the communications, primary type relationships. I'm talking about the usual general hospital.) Maybe all the pre-occupation with the community (and I do believe in prevention) is just another defense against the anxiety engendered by sick people.

Now I will close with this little joke which John Gardner wrote. I will probably be called anti-interlectual or narrow, but I think it's a funny joke. He said, "As I listen to the people listing all the great problems they intend to solve, I think of people sitting in an ancient automobile by the side of the road. The tires are flat, the steering wheel is broken, the drive shaft is bent but they are engaged in a great argument as to whether they should go to Phoenix or San Francisco or the Oregon Coast. In my imagination I am standing by the road saying, 'Your not going anywhere until you fix the ——— car'." At the risk of being considered anti-prevention and anti-interlectual, I don't think we are going to go anywhere until we do something about the care of sick people.

### ***Photographs of Centennial***

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# In Tribute

## Mildred H. Cartland

Mildred Cartland, Secretary of her MGH Class passed away suddenly in her sleep at her home in Jamaica Plain on June 9, 1973 at the age of eighty-two. A native of Dover, New Hampshire, she attended Mt. Holyoke College, 1909-1911, transferring to the MGH School of Nursing thereafter and graduating with the Class of 1914.

Between 1914-18 she was an Anesthetist at the MGH and then entered the field of Nursing Education as a Science Instructor. She taught subsequently at the Newport (Rhode Island) Hospital, Waterbury (Connecticut) Hospital and St. Mary's Hospital for Children in New York City. Returning to Massachusetts, she became Educational Director at Worcester Memorial Hospital between 1928-1932.

Thereafter Mildred remained in the Boston area as a visiting instructor to several schools of nursing including the MGH between 1937-1940. At the outbreak of World War II she joined with Helen C. LaVey (Class of 1924) as Co-Director of the Central School established at Copley Square, Boston, for students enrolled in the U.S. Cadet Nurse Corps program. Mildred shared in the citation awarded the school and its faculty by the United States Government. Sixteen schools of nursing, one as far away as Attleboro, migrated to this School daily in a greatly accelerated curriculum designed at placing nurses in the mili-

tary hospitals as quickly as they could be adequately prepared.

When this program was phased out in 1948 she returned to her visiting teaching. Even after her retirement, for many years, Mildred continued to tutor hosts of students in preparation for their State Board Examinations. In this service, as in all others, she demonstrated exceedingly unique competence and effectiveness.

Mildred received her B.S. degree in Education from Teacher's College, Columbia University in 1928; her Ed M. degree from Boston University School of Education in 1942.

Possessed of an extraordinarily sweet disposition, she was ever the "beloved teacher" to her associates and her students. She demonstrated great integrity and valour; was unshaken in the crises of life, a buffer and a mentor in all problems and disputes. Her devotion to her work was intense and colossal. To all with whom she came in contact, she became, forthwith, an ideal friend. She will be keenly missed and most dearly remembered.

It is a solace to realize she passed from us as she would have it, swiftly, in the full bloom of health and activity and within the confines of her home which she cherished.

Her love for MGH was profound and genuine and thus it is fitting that in her memory contributions are being made to the Sally Johnson Scholarship Fund in lieu of any other philanthropic agency.

She rests now, peacefully, in the



family plot in Pine Hill Cemetery, Dover, New Hampshire — a lasting honor to her family, her friends and to her beloved MGH.

— *Helen C. LaVey*  
(Class of 1924)



### Dr. Joseph Garland

Dr. Joseph Garland, editor emeritus of both the *England Journal of Medicine* and the *Harvard Medical Alumni Bulletin*, died at his home August 4, 1973. Born in Gloucester, the son and grandson of physicians, he attended Phillip Andover, graduated in 1915 from Harvard, and from Harvard Medical School in 1919 cum laude. During a pediatric and then a medical internship at MGH he was associated with many house officers and "visiting men" who will be remembered with nostalgia by graduates of the MGH Training School for Nurses of that era.

Much later, when the hospital celebrated its 150th Anniversary, the House Pupils' Association voted for the alumni who had made the most "outstanding achievement in their field, and their contributions to their field, the profession and the country." Dr. Garland was one of those to be honored, and he was cited as "a physician, author, editor, wit and sage. He has placed mortar of literacy between the stones of science, and made the *New England Journal* the conscience of our profession."

In 1920 he was married to Mira Crowell, a 1918 graduate of the School of Nursing.

During his years of practice, he was an instructor in pediatrics at the MGH, a consultant, and honorary physician. His affiliation with the *Journal* began in 1928 as associate editor, but 25 years later he gave up his practice and became its full time editor. Dr. Garland saw the subscription grow from 25,000 to 100,000 during his editorship, and the quality and variety of papers increased. In 1973, according to the *London Times*, the *Journal* had an international reputation. These were the happiest and most productive of his long life.

Dr. Garland was asked to read many papers, and was awarded honors which he prized — honorary memberships in the Royal Society of Medicine, and in AOA, the honor society of the Medical School, election to the American Academy of Arts and Science, and honorary degrees of Science from both Tufts and Boston Universities. He was Consulting Editor in the U.S. for the *London Practitioner*, a member of the American Medical Writers Association, the American Medical Association, the Academy of Pediatrics, and the Massachusetts Medical Society of which he was chosen the Orator in 1952, and the Shattuck Lecturer in 1964. He was secretary of his medical school class, and finally its only surviving officer.

He also served his community on the boards of the Brookline Council of Public Health, the Boston Medical Milk Commission, the Boston and Brookline Visiting Nurse Associations, and as a director of the Norfolk County Trust Co. Having joined the Harvard Congregational Church in

1927, he worked there in various capacities. The St. Botolph and the Harvard Clubs each contributed many friendships, as did his dining clubs.

Dr. Garland had authored several books — his last being “A Time for Remembering”, an informal and personal narrative. His hobbies of pho-

tographing wild flowers, and his writing of sonnets are well known.

He leaves his widow, Mira C. Garland, a son Joseph E. of Gloucester, a daughter Anne K. of Newton, two granddaughters, and two sisters — Mrs. Harry Walen and Mrs. Philip Lewis.

— *Mira C. Garland*

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## **Concerning The Centennial Review, 1873 - 1973**

The postponement of the publication of **The Centennial Review** is much regretted. Unforeseen obstacles have made it necessary to set the date ahead to 1974.

The Centennial Review Committee has appreciated the response of members of the Alumnae Association and others to the suggestion that advance orders be placed.

Your continued support and patience will be appreciated.

**Sylvia Perkins, Chairman**

## **THANK YOU**

We are grateful to the following for donations to the Sally Johnson Scholarship Fund. These donations were made at the Centennial.

<b>Class of 1923</b>	<b>\$635.00</b>
<b>Class of 1948 (Feb.)</b>	<b>\$225.00 received</b>
	<b>\$175.00 pledged</b>
<b>Former Hartford Club</b>	<b>\$ 61.91</b>

We also want to thank the family and friends of Mildred Cartland who have contributed \$225.00 in her memory.

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## In Memoriam

- 1897 Emma Neal Brigham on July 17, 1973 in Hackettstown, NJ  
1914 Mildred H. Cartland on June 9, 1973 in Jamaica Plain  
1917 Hilda George on August 30, 1973 in Camden, Maine  
1917 Hazel Goff on Septemebr 10, 1973 in Philadelphia, PA  
1918 Mary Kemp MacDonald on December 2, 1971 in Grand River,  
Nova Scotia  
1920 Marjorie Howarth Montague on August 18, 1973 in Millbury  
1920 Clarissa Howland on June 1, 1973 in New York  
1921 Marjory Stimson on June 12, 1973 in Wellfleet  
1932 Mary Halpin Harden on August 6, 1973 in Hayward, CA  
1933 Esther J. Curley in Lowell  
1936 Hazel Bielefield Wells on September 18, 1973 in Middletown, CT
- 

## News . . . of the Classes

### 1897

It is with deep regret we report the death of EMMA NEAL BRIGHAM on July 17, 1973 in Hackettstown, N.J. at the age of 101. Mrs. Brigham was born in Hartford, Vt. where she attended the district schools. At 13, she passed the exam for a teacher's certificate and taught for two years in a rural school before attending Randolph State Normal School. Later she turned to a nursing career and came to MGH in 1894. At the time of her death she was our oldest living graduate.

She married Dr. Fred Brigham in 1900 and lived most of her married life in Springfield (MA). She was the second president of the Women's Republican Club, the first woman to

serve on the Common Council and the Board of Aldermen, and the first woman from Western Massachusetts to serve as a state representative (1928-1936).

Mrs. Brigham was of the 10th generation of Neals in this country and had authored two genealogical books, "The Neal Family" and "The Clowd Family."

### 1914

It is with deep sorrow that we report the death of MILDRED H. CARTLAND on June 9, 1973 at Jamaica Plain, MA. (Please see *In Tribute*, page 73.)

### 1917

We have been notified of the death of HILDA GEORGE on August 30, 1973 in Camden, ME. She had



attended Wheaton and Simmons College before coming to MGH. She served with the British Army in France during WWI, and did relief work with the French Red Cross.

Miss George attended New York University and the University of Rochester and in 1924 obtained a B.S. in Public Health Nursing from Teachers College, Columbia University. From 1924 to 1926 she worked in five Indian pueblos in New Mexico and in 1926-27 took a seminar in Oriental and European problems in the first University Afloat Around the World. She had a very active professional life — her positions included superintendent of a nursing home, teacher and school nurse, Red Cross Instructor in social nursing, public health nurse. She retired from nursing in 1952 and had travelled extensively. Donations in her name may be made to the Foster Parent Plan, 352 Park Avenue South, NY 10010.

We have also been notified of the death of HAZEL GOFF on September 10, 1973 in Philadelphia. Miss Goff had served as a nurse in many parts of the world. She organized the Rural Public Health Nursing Center in Bulgaria and received special recognition from the queen. She worked with the Rockefeller Foundation and reorganized the School of Nursing in Lisbon, Portugal. She wrote many articles for the *American Journal of Nursing*, the *International Nursing Review* and *Modern Hospital*.

Miss Goff was a graduate of Framingham Normal School and received her degree from Teachers College, Columbia University. She had been superintendent of nurses in Grand

Rapids, Mich.; Cleveland, Ohio; Madison, Wis., and Pittsburgh, Pa. Her last position was as a member of the faculty at University of Pennsylvania. Donations in her memory may be made to the American Cancer Society.

## 1918

We have been notified of the death of MARY KEMP MACDONALD in Grand Rapids, Nova Scotia on December 2, 1971. No other details available.

We wish to express our sympathy to MIRA CROWELL GARLAND on the death of her husband, Dr. Joseph Garland, Harvard Medical School 1919. (Please see *In Tribute*, page 74.)

## 1920

MARJORIE HOWARTH MONTAGUE died on August 18, 1972 in Millbury, MA. Following her graduation from MGH she returned to her home in Michigan and for some years was a social worker at the Harper Hospital in Detroit. After her marriage, she lived in Millbury where she and her husband were active in Church work and busy with their lovely flower gardens.

CLARISSA HOWLAND died on June 1, 1973 at St. Luke's Home, in New York. No other details available.

## 1921

It is with deep sympathy that we report the death of MARJORY STIMSON on June 13, 1973 in Wellfleet, Mass. Miss Stimson graduated from Smith College where she majored in biology but after hearing about medical social work and nursing from Dr. Cabot, Miss Cannon

and Miss Dieter she became interested in nursing service. In 1918, she attended the Vassar Training Camp sponsored by the American Red Cross and Vassar College. Here she had her first introduction to nursing and became particularly interested in public health.

Miss Stimson first enrolled at Mt. Sinai in New York but transferred to MGH within her first year. Following graduation she attended Simmons College. Her first nursing position, with encouragement from Dr. Washburn and Miss Johnson, was a visiting nurse in Wellfleet and Truro. This started her nursing career in public health. She next joined the VNA in Wheeling, West Virginia. In 1925 she returned to N.E. as Nursing Field Representative for ARC in Massachusetts and Rhode Island. She then became Assistant Director of the National Organization of Public Health Nursing.

In 1927 she joined the faculty at Teachers College, Columbia University as an Instructor in Public Health Nursing. While there she was sent by the Rockefeller Foundation to visit health programs in England, Scotland, France, Yugoslavia, Austria and Poland.

In 1932 she returned to Boston as acting director of public health nursing at Simmons College. Her affiliation with Simmons continued until her retirement.

### 1932

MARY HALPIN HARDEN died in Hayward, CA. on August 6, 1973. No details available.

### 1933

We have been notified of the death

of ESTHER J. CURLEY in Lowell. Miss Curley was a retired school nurse from the Lynbrook, NY school system.

### 1936

HAZEL BIELEFIELD WELLS died on September 18, 1973 in Middletown, Ct. Mrs. Wells was retired from the New Britain Nurse Association where she worked as a public health nurse. She was a very active volunteer during the 1955 Farmington River Flood.

### 1937

Susan Robins Groff  
14 Lucian Street  
Manchester, Ct. 06040

Hello everybody! I hope you all had a fine summer, and managed to keep cool. I am anxious to hear all about the big anniversary, and hope that our class was well represented. I'm sorry I couldn't make it, and maybe someone who was there from our class will write me all about it. The programs sounded interesting and varied.

I got a letter from MARY STAATS with the Annual Fund Drive notice. She reported that only 10 members from our class contributed to the Fund in 1972. I hope she was more successful in the '73 drive. I think we can all do better than that. She also sent me some addresses, on a later post card. One address is that of MARGARET MAHONEY BLOOD (MRS. FREDERIC) 634 Jefferson Ave., Los Banos, Calif. 93635. INA GERISH BEAN recently received a card from her. Also, the address of SALLY WHITCOMB PRICE (MRS. CONN) is Moor Plantation, P.M.B. 5029, Obodan, Nigeria, West Africa.

Mary wrote that she would miss the centennial, due to the fact she was going to show her Santa Gertrudis Beef cattle at the County Fair, October 2-7, and will be "struggling" training her pets for the show.

Hope you all had a nice Thanksgiving and Christmas. Happy New Year!

### 1938

Grace Walsh Rooney  
2 Dewberry Drive  
Albany, N.Y. 12203

On June 3, 1973 I received my Masters of Arts from Fairfield University. Have been appointed Director of Nurses at the Albany Memorial Hospital starting Sept. 24, 1973. I am looking forward to being back in the home territory and taking on a new challenge.

Also have acquired two grandsons and one granddaughter this year — the first of my grandchildren. Daughter, Mary, will be studying nursing at MGH beginning in September and daughter Margaret, will be doing the same at the New Rochelle Medical Center School of Nursing.

### 1940

Madalene Brown Calogiro  
11 Vanness Road  
N. Weymouth, MA 02191

I plan to get out a newsletter to tell you about our get-together at the Centennial.

RUTH DULAC WRIGHT attended the Centennial but prior to that had sent the following note. "Recently joined the staff of Medical Center Hospital here in Huntsville (Ala.) and am working in the Surgical Intensive Care. Am attending the new School of Nursing at the Uni-

versity of Alabama. Not long ago attended the European Congress of Catholic Nurses in Madrid, Spain. The American then had a two week tour through Iron Curtain countries including Hungary, Russia, Poland and Czechoslovakia. In Warsaw we were given an extensive tour of a modern orthopedic hospital owned by the Building Trades Union of Poland.

### 1941

Ebba Rudine Ray  
89-D Shadow Lane  
W. Hartford, Ct. 06110

For more than a year have been Administrative Assistant, Employee Health Service, Aetna Life and Casualty — a promotion. Since 1954 had been secretary there to the chief medical director who died in March 1972.

In Spring 1973, had a fine trip to Greece; this Fall have just returned from two weeks in Yugoslavia, plus several days each in Vienna and Budapest. Am secretary of Hartford Audubon Society and active in two camera clubs.

My son, Stratton, is in second year at University of Connecticut School of Law; his wife, Virginia, is computer programmer at Aetna Life and Casualty. They live in Columbia, Ct.

### 1946

Arnold Gilson, husband of JANET (FRENCH) GILSON of 5747 Oxholm Street, Long Beach, California died on May 11, 1973 on his 52nd birthday in a Long Beach hospital after a short illness. Our sympathy is extended to Jan and her family. Their son, Michael, graduated from the University of California at Davis in June. Their second son, Steve, is

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at college in Long Beach and Nancy has been accepted as a freshman at the University of California at Berkeley.

From JEAN (FINLAY) ROGERS of Northampton, Mass. is news that Sue received her master's degree from Northwestern University in June and is now in France on a grant starting research on her PhD. John is now a senior at Yale and Dick will be going to Tufts College in September. Jean is taking courses at Smith College toward a baccalaureate Degree.

## 1947

IRENE MCANDREW BROWN is now the Head Nurse of the Indian Public Health Center in Shawnee, Oklahoma and has been there for about 6 years. Previously she was Head Nurse of the Indian Public Health Center in Okemak, Oklahoma where she commuted from her home in Seminole. Mrs. Brown is

married to Leo Brown who is the Executive Director of the Seminole Nation Housing Authority and a Secretary for the Housing and Urban Development Division of the Federal Government. They make their home in the pleasant hills of Oklahoma and have dedicated most of their lives to the Indian cause. The Browns have three sons: Duncan, at Harvard; John Malcolm, a 1973 graduate of the Okla. Baptist University; and James Laska, living in Kansas City, Mo. as a technical engineer for Goodyear.

## 1948

VIRGINIA HULTIN MANCHESTER visited the hospital briefly in July while she was home for her parents 50th Anniversary. Virginia is working in pediatrics at the Washington Township Hospital in Tremont, CA. She has two children (who were with her), Candy age 16 and Eric age 9. Her address is 4789



Calaveras Ave., Tremont, Ca. 94538.

1955

September section

Martha Codi Raak  
494 Second Street  
Beaver, Pa. 15009

Our family enjoyed a two week camping trip to the Great Lakes region this Summer. In Madison, WI. we called LORA GASPARRI ANDERZON, who lived in Rockford, IL. She and David visited our campsite. David is an assistant principal at the largest H.S. in Rockland. They had three children — two boys and a girl.

While in the Chicago area we visited JANET BURKE POTTER in Arlington Heights. Janet's hobby is refinishing antiques and her home reflects her hard work. Bill is in Industrial Relations with American Airlines. Jan is active in the local nurses association.

My husband, Ray, is entering his final year of evening Law School and I hope to finish up on my B.S. next May. The five children are all in school now and busy with various activities. Be glad to hear from anyone and start a round robin type of letter. I know JEAN CAMPBELL TEAGUE is going to Boston College full time. BARBARA FOX KASLOW's husband is now vice president of a N.E. Power and Light Company.

1956

Barbara Doyle Herlihy  
142 Trull Road  
N. Tewksbury, MA

Had a letter in June from PRISCILLA WOOD RANDALL. The family planned to spend their vacation in a new 18½ ft. trailer. Bob and PHYLLIS SARGELIS WOODWARD have moved into their new home at 132 Indian Pipe Lane, Concord 01742.

Our anniversary brought a letter from ROSEMARY FITZGERALD DUGARD. Her Alan was made a Colonel in the Air Force last Spring and they are still at Mather AFB in California.

SANDRA YOUNG BROWN and yours truly hope to be among the '56'ers attending the MGH Centennial.

\* \* \*

We received a lovely picture and write-up telling us something about RUTH ELLEN MAY. Ruth is a Lecturer in outpost Nursing at Dalhousie University, Nova Scotia, preparing graduate nurses to work in isolated communities where there are no doctors. Before coming to MGH Ruth had worked with the Grenfell Mission in

non-medical service. She completed a graduate course in mid-wifery with the Frontier Nursing Service in Kentucky. After several years at St. Anthony's Hospital, Newfoundland, she went to Mary's Harbour, Labrador, as nurse in charge of the Mission's 15-bed nursing station. A single woman, she adopted a baby girl, now a year and a half old, the adoption representing one of the first single parent adoptions in Nova Scotia.

1957

Radcliffe Coordinated Program  
Betty Swisler Hale  
999 Tulip Court  
Sunnyvale, CA 94086

Can't remember when I last wrote a note to the Quarterly. I live in the San Francisco Bay area with my husband, Benn, and daughters, Susan-10, and Melanie-8. I am enjoying my morning job with the Santa Clara County VNA working as a discharge planning nurse at a local hospital. I'm looking forward to a Boston visit for our Centennial activities and a look at MGH today and a comparison between nursing east and nursing west!

1963

MARGARET PLANN O'TOOLE and husband, Frank, announced the birth of Kathleen Mary on July 16, 1973.

1967

Claire Stone Steward  
29 Bus Road  
Salem, NH 03179

Lots of baby news this time: BETSY STEWARD PEDNEAU and Mike had their first child, Joshua Lee on August 7th; MARY JANE LABELLE SHENKIN and Budd have had a second son as has SANDY LOWNDS BUMP and Chuck; SUE SPILMAN PAPPAS and John had a second girl, named Zoe; ESTELLE HARMES PASSERI and Dick are awaiting a second child. Estelle recently enrolled in an evening nursing degree program at Salem State College.

Robert and I are taking some evening courses together again this year — we enjoyed our "night out" so much last year.

A chapter of the American Association of Critical-Care Nurses has recently been formed in the Boston area. Meetings will be held every 3rd Wednesday evening of the month at the BU School of Nursing.

\* \* \*

We received a nice note from DIANA LEE BRESSLER during the

Summer.

Diana lives at 1503 Millbrook Dr., San Antonio, TX 78245. She has a 1½ year old son and is active in nursing. She says she has found that nursing care and medical care at MGH in not typical and didn't realize as a student, that there could be such a difference in the quality of care.

#### 1968

We have been notified of the marriage of ANNE LAMPHIER to David Matthews. The couple will be living in Colorado. Anne is the nurse geneticist in the Department of Biophysics and Genetics at the University of Colorado Medical Center. David is a meteorologist with the Bureau of Reclamation in Denver.

KATHLEEN DEADY INFELD and husband are living in Jacksonville, Ark. while he is serving with the Air Force. Kathleen is a graduate student at the University of Arkansas in Child Psychiatric Nursing. She received her BS in Nursing at the University of Pennsylvania. Her address is 103 Illinois Dr., LRAFB, Jacksonville, Ark. 72076.

MARY LOU CARR wrote to us from San Antonio, TX. She said she had almost finished in the anesthesia program at Wilford Hall USAF Medical Center, Lackland AFB — will be graduating in January 1974. From there she will be going to MacDill AFB in Tampa, Fla. and plans to take some courses at the University of Tampa.

She met some MGH'ers at Lackland. MICKIE MISCALIS (1970) works on a urology floor and DIANE LAWLESS (1971) is in Thoracic-Plastic Surgery.

#### 1969

KATHERINE MARAG RICHO and family are now living in Okinawa and expect to be there for three years. Katherine hopes to work at the Army Hospital as soon as her household is settled down. The address: Hg. Det. Stratcom, APO San Francisco 96331.

#### 1970

We would like to express our deep sympathy to DEBORAH LEES BOAZ on the death of her husband, James.

SUSAN JANE CLARKE became the bride of Dr. Steven Roser in July. The couple will be living in Palos Verdes, California, while Steven is on the staff of the Harbor General Hospital in Torrence.

LAUREEN FLANAGAN became the bride of Gary Hagadorn on October 21, 1973. Laureen has been working with the VNA in Lynn. JANE FALARDEAU MURRAY has been

married for over a year and is living in Guelph, Ontario, Canada. She is working in CCU at the Guelph General Hospital.

#### 1971

DIANA LAWLESS became the bride of David Phillips in October and will be living in San Antonio, Tx. where both are stationed at Lackland AFB.

MADGA PARTRIDGE MORRIS is now living at 24 East St., Barre, Vt. 05641.

DONNA MARWELL is married to James Hovey, a psychologist with the City Penal Department of Boston. Donna is working in the emergency room at the New England Medical Center and is attending BU part time. Her address is 79 Beach St., Foxboro, MA 02035.

\* \* \*

Gayle Croll Hylen  
17 Buxton Lane  
Peabody, Ma 01960

Received a birth announcement from JEAN DONAHUE BROWN and husband, John. Their second daughter was born on Sept. 5, 1973. The Browns bought a house in Framingham a year ago and have been busy furnishing it. John is still working for the government and towards his MBA at Northeastern. Jean hopes to go back to work at the Waltham Hospital after the first of the year.

As for our family — we have bought a house in Peabody and like it more and more each day. Robby, age 3½ is awaiting the arrival of our second child in November.

#### 1973

SYLVIA BENSON became the bride of John Larocca in August. After a wedding trip to Hawaii they will be living in Somerville.



## CLASS NEWS

SECTION AND YEAR OF GRADUATION

NAME \_\_\_\_\_

STREET ADDRESS

CITY, STATE, ZIP CODE

84







THE  
*Quarterly Record*



M.G.H. School of Nursing  
November, 1873

*Centennial Issue*

*Winter 1973*



THE  
*Quarterly Record*

OF THE  
MASSACHUSETTS GENERAL HOSPITAL  
NURSES ALUMNAE ASSOCIATION, INC.

This Magazine is Published in the Spring, Summer, Fall and Winter





Welcoming Mary Gray Shaw, class of 1906 to the Centennial are student nurses Jean Wiegard and Amy Toon. (Photo #134)

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#### OFFICERS OF THE SICK RELIEF ASSOCIATION

*President*, ANNE LYONS TWOMEY (1931)

*Treasurer*, MIRIAM HUGGARD (1931)

*Vice-President*, ADELE CORKUM (1934)

*Secretary*, HARRIET KENNEDY (1930)

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#### ALUMNAE OFFICE HOURS:

Tuesday & Wednesday, 9:00 a.m.-3:00 p.m. — Thursday, 10:00 a.m.-1:00 p.m.

Telephone: 726-3144

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#### WHERE TO WRITE

Contributions to the Loan Fund and Requests for Loans: MISS ELEANOR BAUER, c/o Alumnae Office. Make checks payable to the Annabella McCrae Loan Fund.

When Someone is ill: Alumnae Secretary, Bartlett Hall, 34 Blossom St., Boston, Mass. 02114.

Sick Relief Application and Dues: MISS MIRIAM HUGGARD, Phillips House, Massachusetts General Hospital, Boston, Mass. 02114.

Requests for Membership, Alumnae Dues, Changes of Address and General Information: MRS. EVELYN LAWLOR, Alumnae Secretary, Bartlett Hall, 34 Blossom St. Boston Mass. 02114.

# THE QUARTERLY RECORD

OF THE  
MASSACHUSETTS GENERAL HOSPITAL NURSES  
ALUMNAE ASSOCIATION, INC.

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## QUARTERLY COMMITTEE

Editor ..... Madalene Brown Calogiro  
11 Vanness Rd., N. Weymouth, Mass. 02191  
Chairman ..... Judith Harding Dougherty

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*Subscription to the Magazine is included in the dues of the members of the Association*

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All communications for insertion in the *QUARTERLY* can to be sent to the  
OFFICE OF THE ALUMNAE SECRETARY or directly to the EDITOR

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Memo to contributors. Material should be sent not later than March  
1st, for the Spring *QUARTERLY*; June 1st, for the Summer issue;  
Sept. 1st for the Fall issue; and Dec. 1st for the Winter issue.

# Editor's Page . . .

I want to thank the many people who have called or written to say how much they enjoyed the last issue of the *Quarterly*. I hope you will find this one equally interesting. May I assure all class secretaries that Class News has not been disregarded. All news received will be published but because of space it may be necessary to edit more than usual.

Statistics make for dull reading but I would like to share a few facts regarding attendance at the Centennial. When the office closed the afternoon before the Centennial — 1,095 people had registered. Unfortunately everyone didn't make it, the final total of those attending was 1,006 (alumnae 810, present faculty 47, former faculty 14, guests 135 — including 50 students who were guests at the banquet and the 12 students

who modeled the uniforms and were our guests all day Saturday).

Representing the oldest class and celebrating her 67th anniversary was Mary Gray Shaw of the class of 1906. Three members of the class of 1913 celebrated their 60th anniversary: Louise S. Zutter, Ellen Harvey Rear- don, and Susan Mills Briggs; and thirteen members of the class of 1923 celebrated their 50th anniversary. All classes from 1916 and including 1973 were represented. The largest group in attendance was the class of 1948.

Alumnae came from 37 states and 5 countries including Canada, England, France, Haiti and Lebanon. Coming the greatest distance were two girls from Hawaii: Jennie Chang Ernst from Pearl City and Florence Nagao Stanley from Milelani Town, both members of the class of 1950.

# Massachusetts General Hospital School of Nursing: A Touch of the Past; A Look at the Present; A Glimpse into the Future

*Miss Natalie Petzold*

*Director of the School of Nursing  
Massachusetts General Hospital*

The story of the School of Nursing is a complex and intricate one — full of life, of drama, of change, of determination and perseverance, of trials, of frustration, of commitment and caring, of searching and exploring, of learning, of growth, and of contributions far beyond the confines of the MGH. Its story is perhaps best appreciated and understood when experienced first hand but lacking the practicality or the possibility of that, I'll ask you to engage in some mind-expanding exercises. In sixty minutes I can give you only a bird's eye view, and a rather small bird's eye view at that. You will need to consider my remarks in the context of the other papers being presented these two days. To gain a truer perspective you will need to consider the School of Nursing in the framework of Society, of simmering social change, of the far-reaching and insidious tentacles of political and economic influences, of the tumultuous changes in education, in the health care system and settings, in roles of the health workers/caretakers; in science and technology; in changing value systems and life styles; in aspirations and expectations of students, of the public as consumers, and of employers. Let me assure you that the shock waves of social change have hit the ivory towers of academia; the tidal waves of challenges, constraints, uncertainties, demand strong swimmers with strength of purpose, a sense of direction, and the ability to be tuned in to hear, even when the water is running!

This paper has three main purposes — first to share with you some of our beliefs and to provide you with some vital statistics of the School, and secondly to describe its services, and third to consider its future directions.

The MGH School of Nursing is one of the 64 Schools of Professional Nursing in Massachusetts, of which 36 are diploma programs. There are, in addition, 40 Schools of Practical Nursing. While the total number of diploma programs has significantly diminished over the years, they remain the largest



single group, representing approximately 45% of basic professional nursing education programs in 1971. Though admission to our school has been limited to 130 applicants, since 1971, our enrollment continues at a high level, with 340 enrolled this September, compared with a national average of approximately 125 in all types of basic nursing education programs. We shall graduate a class of approximately 100 on May 31. Graduations from diploma programs now comprise 52% of total graduations in the country and 62% in Massachusetts, with the pattern of marked growth in graduations from A.D. programs (now about 27% of the total) continuing in this country.

In 1970 our present staffing level of 92¾ was reached. This includes (in addition to those whose functions are primarily administrative) 22 instructors, 24 assistant instructors; 2 counselors; 1 librarian and 2 assistants; and several clerks; 1 health supervisor; 9 office staff; and a residences staff of 17. Though no additional faculty or staff were approved since the advent of economic constraints, work activities continue to proliferate in the 24 hour/day, 7/days a week operation which is centered in Ruth Sleeper Hall, Bartlett Hall, 20 Charles Street, 3 floors of Walcott House, and reaches out into 6 cooperating agencies and a myriad of community agencies for student experiences.

Since 1965 when the Palmer-Davis Library was moved from its room in the Moseley Building to the spacious four rooms in Ruth Sleeper Hall, the circulation has increased from 11,168 to 15,905, the volumes from 5,379 to 8,969, the journals and periodicals from 86 to 202, and the annual attendance from 21,036 to 56,661.

Its heavy use by students, faculty, members of the Nursing Department, graduates continuing their education at local universities, a few doctors and dieticians is sometimes augmented by the public at large, who, when noticing the Book Return Box outside Ruth Sleeper Hall door, assume that it is a branch of the Boston Public Library. Our librarian and 2 assistants, along with present and past faculty (notably Sylvia Perkins and Ruth Sleeper) have helped to make the library a center for learning.

There are four main services which the School provides: 1) student personnel and 2) a planned program of studies (or curriculum); 3) evaluation and studies of our program, staff, and graduates to determine the extent to which we meet our objectives and that our program reflects and is true to our beliefs that nursing is a service to the public, offered singly and in collaboration with others; and 4) contributions to the improvement of nursing and nursing education through curriculum and program innovation; through our graduates, and through faculty involvement and participation in professional and community organizations and, for example, serving as consultants to a local Publishing Company and other Schools of Nursing.

We have had many inquiries about the Student Personnel Services and curriculum, so I would like to elaborate on them.

The Student Personnel Service is comprised of a gamut of different yet related services which include Admissions, Recruitment, Financial Assistance,

Counseling, Housing, and Student Health. While much of the philosophy of the services has been inherent in the program for some years, the functions of the area were previously administered by faculty committees and by a Counselor, Supervisor of Health, and Residence Heads, responsible to the Director. In 1969 the Student Personnel Services were formally established under the administration of a Coordinator who united these related areas into a more cohesive and interrelating group. There were several reasons for this: to promote the expansion of student service; to better understand and to meet the complex needs of the heterogeneous student population of today and the future; to facilitate and encourage input from the students in program planning; and to better provide support to the School staff in meeting an objective of all of the faculty which is to "provide an environment which encourages and supports the student to become aware of those aspects of himself through which he can experience growth and assume the responsibility of fully realizing this growth . . . emotionally, physically and intellectually." In addition to the Coordinator who is a prepared Counselor, the staff includes an Admissions Officer who interviews practically all applicants; 2 Counselors; a Financial Aid Officer ( $\frac{3}{4}$  time); a Residence Supervisor; 2 married couples living in Bartlett Hall and 20 Charles Street, where the wife serves as Residence Head; a Student Health Nurse, and Physician; a Consulting Psychiatrist; and an Executive Office Assistant who works closely with students to assist in developing programs for ceremonies such as Capping, Graduation, and Convocation, that carry on some of the traditions of the School and also have a special meaning for the students, as active participants using some of their own modes of expression. The team approach is used within the Services to work with potential applicants and then to provide for complete follow-up of students and to plan programs which will enhance and enrich student life. Beginning last year we also have had 2 graduate students in counseling programs at local universities assigned to our service for their practicum.

Now — with all that staff — what do they do? The entire admissions process, including development of policy, is a pivotal one, infinitely more complex than selecting from a given number of applicants a predetermined number of students who will unerringly and unequivocally meet specified entrance requirements which contain a magic formula for success. Over the past two years the floodgates have opened and most schools of nursing have been deluged with inquiries and applicants. The widespread interest in Health Careers, in service, in "being where the action is" and engaging in a curriculum with relevant field work or practical experiences has resulted in many more applicants than we could interview, or whose records we could evaluate and process, and whom we could accept. In February of the past two years we have had to close applications; develop waiting lists, and appoint from that list over the following months as some accepted candidates withdrew (in a few instances this year because of the uncertainty of financial aid); counsel students about other nursing and health career programs; offer the option of

applying for the following year under an early acceptance plan; and, eventually, with a mixtue of good judgment, knowledge and expertise in admissions and carefully studied and developed policies, and the combined skills of a visionary, a tight rope walker, and a sardine packer, we have admitted classes limited to 130 qualified students. The breadth and nature of the life experiences which our students have had cannot really be quantified or summarized into a class profile. They are an interesting, inquiring, caring, hard working, challenging group. I can tell you that the present Freshman Class includes 123 women and 9 men; ranging in age from 17 to 49 years; that 24% have some college background, including 8 college graduates; 7 are married and 5 are parents. The large percentage were in the upper 2/5 of their secondary school graduating class but increasingly, with the changes in primary and secondary school educational patterns, and philosophies and modes of evaluation, class rank is becoming a measure of the past and ungraded records with descriptive statements of progress are upon us. While approximately 60% of the Freshmen have maintained residence in Massachusetts, and 16% are from other New England states, the remainder represent a scattering of states across the country.

Admissions work involves a lot of public relations, counseling, and responding to numerous daily pleas for information which run the gamut from that of a minister in Rhodesia wishing to send his young parishioners to our nursing or medical school to the rather typical letters requesting a catalogue and application, or the high school senior who writes "I have to start thinking about what I would like to do as soon as I graduate. I'm extremely interested in medicine and nursing. Could you please be kind enough to send me some information on how to become a nurse? Besides, I'm accident prone! !"; and then there is, for example, the high school graduate, perhaps searching for the Bluebird of Happiness, who writes "Could you please send me information regarding Nurse Training Programs? I have been a typist for two months, a show girl in the circus for one year, and I am dissatisfied and needing to find my place. I thought of nursing because when I make someone happy and they like me I feel fantastic. Thank you for your help."; and then the college graduate who writes "During the last few months I have developed an interest in the career of nursing, but in looking into the field I find a chaotic array of programs and requirements. Because of my past education I find little that would really suit by background and I want to avoid repeating much of what I have already studied. I am writing to you to see if you might give me some advice on the best approach a person with my training might make to enter nursing. I have a Master of Science degree in zoology (emphasis in marine ecology) from the University of Washington in Seattle, and an A.B. from Connecticut College. I have taken many courses that are generally required of nursing students (general and organic chemistry, physics, psychology, histology, comparative anatomy, physiology, embryology, and genetics) and have taught embryology, introductory biology and zoology at the college level. I am

a member of Phi Beta Kappa and have an undergraduate GPA of 3.74 and a graduate one of 3.93. I am 27 and single. With this type of background, how would a person like myself fit into a nursing program? I am especially interested in surgical and critical nursing. Are there programs in existence designed to attract either college graduates or women in other fields into nursing? These needn't be in the Boston area, for I am prepared to move to an area where I can get the best program for my background. Also, it is possible for someone like myself to find funds to return to school? I can partially support myself through freelance scientific illustration, which is what I am doing full-time at present. I realize that I am asking a lot of questions, but if I could get only a few answered I would be grateful. There is such a nursing shortage in this country that I would have thought there would be more opportunities for a person like myself to change careers, but I am finding very little in the way of help and information."

Formulating admissions policies and practices means grappling with some serious questions which have ramifications for curriculum planning, future directions of the program, the nature of supporting services needed, career mobility and level and quality of nursing care. For example, what are the sources of candidates for nursing in the future? With predictions of fewer girl high school graduates entering nursing, what are the implications for further program modification if the student body includes more "older" students, more married students with families; more students whose prior life, educational, and career experience (e.g., corpsmen, technicians, LPN's) make them eligible for course exemptions, advanced standing, or other variations of an open curriculum? How can we juggle the number of full-time students and part-time students (those with course exemptions) and continue to accommodate special students such as graduate nurses of foreign countries seeking entrance into our courses in, for example, Psychiatric Nursing, in order to qualify for professional licensure examinations? A capitation grant award of \$30,000.00 (or up to \$70,000.00 if impounded Federal Funds are released) will help us to further find solutions to these related questions of career mobility, training and education of para-professional nursing personnel, and educational opportunities for the disadvantaged. Equally important questions relate to the effect which increased costs of the program to the student, now over \$4,000.00 for the three years with cash paid for meals, and an increasing disparity between the financial need and available assistance will have on the type and numbers of students applying. Economic factors, diminished or less access to employment opportunities, changing modalities of health care services, questions of appropriate utilization of various types of health workers and the rapid proliferation of some types of health personnel and provision for horizontal and vertical mobility, all need constant monitoring and attention. How many students can we or should we accept in terms of the direct and indirect costs of the program; the numbers of qualified faculty, and the specialized needs of students found in a heterogeneous group; the availability



and intricate planning involved in providing for clinical experiences in terms of the numbers of learners at different levels and from various programs which can reasonably be accommodated? Since we believe that one of the strengths of our program lies in the nature and quality of its clinical experiences, the faculty takes seriously its commitment to cooperative planning, and meeting the agreements which have been made with clinical agencies, despite the erratic schedules, and the need for classes and experiences to be repeated within the week for different sections of students.

While not too many years ago, housing had a serious effect on the number of students that could be admitted, at present 56 live out with the remainder living in two residences, 20 Charles Street and Bartlett Hall. This includes housing of the Junior students who since 1967 have been commuting from MGH for maternity experiences and since 1969 for Mental Health Nursing experiences (primarily at McLean Hospital). Gone are the days of packing ones life's possessions, exiting MGH at noon and beginning affiliation at 1:00 p.m., with an intervening trip that would make the most besieged and embattled wagontrain West seem a luxury by comparison (or was it really that bad?). Walcott House now exemplifies the conundrum — When is a residence not a residence? Its metamorphosis now makes it a haven for expanded admissions, financial aid, and counseling services; offices for additional faculty when we assumed responsibility for teaching courses once taught at affiliating agencies, and for those teachers once housed in offices in the clinical areas; the Student Health Clinic, classrooms and conference rooms used by various groups; and 20 of our men and women students along with about 55 House Officers (on call); both of the latter groups moved so Parkman Street residences could be felled. They are, no more!

Dormitory regulations have changed in the last five years, requiring a different kind of responsibility of the residents for developing a healthy pattern of living and increasing the need for establishing cooperative and considerate life styles and for making responsible decisions. Only students who are first semester Freshmen, and under 18, are required to observe a School established curfew. Student privileges include limited visiting (privileges) in their rooms for members of the opposite sex. There is a renaissance of interest in residence activities, so plans for this year include film series, lectures/discussions of current issues, crafts classes and so forth. I don't want to give you the impression that they are housebound or overburdened with leisure time. Their interests and avocations range far and wide and take them out into surrounding communities, but their School schedules, study, and employment schedules frequently leave a paucity of time for relaxation or getting to know each other.

Since meal tickets are no longer available to students and more of them plan to cook some of their meals in the residences, we have installed an additional nine avocado or gold refrigerators and eight avocado or gold stoves. While they may look good enough to eat, we admit that they are not a substitute for steak. And this added load on the electricity has necessitated

more stringent controls on the variety of electrical appliances which students may have in their rooms, since if 20% plugged in at the same time their assortment of TV's, radios, Hi Fi's, coffee pots, fans, electric curlers, hair blowers, tooth brushes, water piks, typewriters and other awesome devices, the house would self-destruct in seconds. I should, perhaps, mention that we still do have, for a nominal fee, some overnight guests or ambulatory patients undergoing daily therapy. It is good to be able to accommodate such needs. Graduate nurses now live outside in the community. Since costs of maintaining residences account for approximately 70% of the indirect operating costs of the School, empty space is a luxury we cannot afford, and nature abhors a vacuum — especially at MGH.

One might logically question why recruitment activities have been accelerated if we are receiving so many applications. Actually, a large portion of our recruitment is devoted to interpreting, describing, answering questions and clarifying misconceptions about health career opportunities, different types of educational programs, and opportunities for continued/continuing education. Visits to high schools, and conducting mini open houses upon request, keep us in touch with potential applicants and what they are like: their aspirations, their concepts of nursing and their expectations. We continue to work with guidance counselors individually or through their professional association, and with a host of organizations and agencies to reach out to potential qualified candidates from groups that are a minority in nursing. There is a constant search for new contacts and methods of assisting such candidates in addition to working through such agencies as ODWIN; Health Careers, Inc., W-I-N program; the National Scholarship Service and Fund for Negro Students; Spanish oriented groups, etc., and branches of the armed services to reach former corpsmen. (These are but examples.) Because of the broad range of services which we attempt to provide in recruitment, it is difficult to evaluate results — and at times extremely discouraging if measured in terms of the direct acceptance into our program. So it helps to maintain a long-range view. As one of our Counselors recalls an incident in 1969 when we began a more extensive recruitment schedule outside the Greater Boston area. The first long distance trip was scheduled to be Portland and Lewiston, Maine. Through a natural fluke of New England weather there was a severe snow storm in the middle of October. The Chairman of Recruitment described the evening in the Portland Armory as follows: "There were over 100 admissions and recruitment counselors anxiously representing such schools as Harvard, Rutgers, Boston College, etc. However, only *one* person attended that evening — a mother rushed in covered with snow and clad in ski clothes who headed directly to our booth. She had read in the paper that the Massachusetts General Hospital would be represented and felt that it was imperative that she attend for her daughter who was ill." We graduated this young woman in our 1973 class.

I have used the word counseling several times and one of its character-

istics is its pervasiveness as a service throughout the program: pre-entrance, during the program, and upon leaving the School. The aim is to offer services beneficial to the whole student body and to offer ongoing support to all students who seek assistance. Perhaps if I tell you now that the overall title of the first year Nursing course is "Crisis Intervention — Dependent and Independent Nursing Intervention to assist Man with Adaptation to Illness," and the Senior Advanced Nursing course is titled "Stress, the Patient and the Nurse," it will be apparent that stress is no stranger to the students, and learning to effectively deal with it and respond to it has myriad applications, in sickness and health, in professional roles, personal lives, and interpersonal relationships. The Counselors have designed unique programs for students which might include individual counseling, group counseling, marriage and family counseling, vocational testing, tutorial work, and psychiatric referral. It is particularly gratifying to see students utilizing these services not only as they progress through the program and graduate, but also as some of them withdraw and seek help in planning for the future. To exemplify the latter, we might allude to a student from California who during the last months of her Freshman year expressed a desire to major in Physical Education at a college in the Boston area. After the Counselor made initial contacts and the student applied, the student was accepted in record time in one of our local colleges. Speaking of records, this particular young woman is a track star and "runs" to the Massachusetts General Hospital almost weekly to visit former faculty and classmates.

A highly specialized, detailed, demanding and sensitive area of counseling is that of helping students with budgeting and to plan for the financing of their education, balancing their employment responsibilities and their School/learning/patient care/and often family obligations so that none suffers; making students aware of sources and kinds of financial assistance and eligibility requirements; processing application, and making awards. You are aware that within the last decade the whole area of financial assistance for students has expanded tremendously. Accounts of crises faced by not only lower income but also middle income students have filled the newspapers and many of you are perhaps experiencing first hand the disparity between financial need and assistance, the uncertainties that becloud some of the Federally sponsored programs, the lateness and reduction of awards or the lack of awards. Though some of this will be discussed this afternoon, I would like to touch upon the subject briefly because of the serious impact on our program, our students, our financial aid officer ( $\frac{3}{4}$  time!), the Accounting Department responsible for the appropriate bookkeeping, and, currently, representatives of the Nursing Department who have assisted us in implementing the Federally sponsored College Work-Study Program in which the students are employed as nursing assistants with 80% of salary paid from Federal Award and 20% paid by the employing agency. The cost of our program to the students has more than tripled since 1966. In that year slightly over 21% of the students



**Mary Gray Shaw celebrating her 67th anniversary was congratulated by Miss Natalie Petzold, Director of the School of Nursing and Margaret Anderson, Alumnae President. (Photo #166)**

were awarded aid through the School, with the amount totaling \$40,000.00+. There were essentially 3 programs: Grant-in-aid (in the form of remitted tuition in return for certain jobs which the student carried out); Federal Nursing Student Loans; and the School of Nursing Scholarship Funds.

For the 1973-1974 School year over 50% of the students have been determined as having a need (using the standard College Scholarship Service forms) totaling approximately \$255,000.00, or over six times that of 1966. We now administer 4 Federally supported programs (Nursing Student Loans and Nursing Student Scholarships under the Nursing Training Act of 1971, and Supplemental Educational Opportunity Grant and College Work-Study Program under the auspices of the Department of Health, Education, and Welfare, Bureau of Higher Education). In addition to the Memorial Scholarship and loan funds of the School, per se, and the awards of the Alumni Association, we administer a scholarship program for black students (from a private donor) 2 full tuition scholarships for Freshmen, and 6 scholarships annually from a business Foundation. We also process forms for Federally Guaranteed Student Loan requests, and recently the Federally sponsored Basic



## Educational Opportunity Grants.

The plight of the student and family as well as that of the harrassed and frazzled financial aid officer and those of us who must keep generally informed is perhaps illustrated by the fact that in the past year Congress has made basic changes in the guaranteed loan program three times, and BEOG program was not ready for implementation until July 1973 for this school year. In a masterpiece of understatement, the recent issue of Financial Aid News published by the College Scholarship Service of the College Entrance Examination Board (July 1973) says that "this year the timing of the funding of Federal aid programs was greatly out of synchronization with institutional student admission and aid application patterns and state award program cycles. . . ." "Revising awards to comply with Federal regulations will place an added burden on institutional aid administrators and will require increased cooperation during the next few months."

Helping to influence legislation is an obligation which we have taken seriously. And keeping up with new legislation, Federal or state, or specialized aid for post-secondary education for certain groups, for example, Vietnam Veterans and dependents of P.O.W.'s and M.I.A.'s is a necessity. But with all the problems and difficulties inherent in financial assistance work, when you are close to the need and know how much it has meant to recipients it becomes worth every effort. And, after all, there are some side benefits to us in expanding our vocabularies and learning another language. With casual aplomb and speed reading techniques we can now, for example, readily digest phrases such as "turn-around-time in processing" and the message in notices that say "CSS will make available to aid administrators blank FNAR's and SFNAR's to assist them in doing hand computations. To expedite handling of PCS's and SFS's processed by CSS, a GLP only stamp or notation . . . is suggested."

Let's look now at some features of the curriculum, the other major service provided.

It is the philosophy of this School that our graduates are prepared to function as nurse generalists who demonstrate an understanding of basic nursing care principles and skills applicable in all areas, and who are prepared to develop specialized knowledge and nursing skills within the hospital and the community in whatever area of employment. We believe that the graduates can, with competence, engage in therapeutic, rehabilitative and preventive activities in behalf of patients, groups of patients and families. Although in 1967 the internship program of the third year was discontinued, as such, the Senior year continues to focus upon increasing skill in the more independent role (as well as the interdependent role) involving greater initiative, judgment, increased responsibilities and leadership experiences.

The responses of both employers and graduates strongly indicate that the product of our program meets our objectives, meets a community need, has a good base upon which to build continuing education and that a significant number not only demonstrate leadership ability but rather quickly assume a

leadership role

While most of the graduates seem to assume positions in some phase of medical/surgical nursing, and quite a few of these in intensive care, the statistics of most recent graduating classes shows that pediatrics, psychiatry and obstetrics are also the preference of three or four in each of these areas. The long range educational and career plans of the Class of 1973 may be interesting to you. While seven planned to earn a B.S. degree immediately, 64 had long range plans to do so, and 17 indicated an intent to earn a Master's degree. Long term career goals were, overwhelmingly, to become some type of nurse clinician, and a large number of these wishing to be a nurse clinician in "bed-side nursing." Of course there were other interests such as the 8 planning a career in community health and 1 or 2 midwives and so forth.

While the length of the program has been pared down to 138 weeks spread over three years, we feel that this is the necessary length in terms of our objectives and philosophy, the nature of MGH as the major practice setting, and the breadth and depth of experiences which we feel are essential. An active Curriculum Committee and a healthy spirit of give and take and sharing amongst the faculty, across the boundaries of a particular discipline have contributed to the strength, vitality and dynamic quality of the curriculum. Physical, Biological, and Social Sciences while offered and taught by our faculty in defined courses for the entire first year have been spread so that concepts are incorporated into and built upon through the 138 weeks of the program. The Sciences continue to be strong and demanding; the pace is fast. We have to remind ourselves periodically that Nursing is their major, although we think it a slight exaggeration when students, still coping with the mysteries of basic arithmetic in order to safely handle highly critical dosage and I.V. calculations, grumble that we expect them to become "nuclear physicists." Increasingly, gains are made in recognizing and allowing for learning differences and building in some self-pacing and individual progression opportunities. Tutoring, remedial work, small group discussion periods and seminars and various educational media are offered. Though for many years course exemptions were offered under certain conditions to those students who had some college work, we are experimenting and expanding this opportunity to include others whose past career or life experiences have resulted in achievements which allow them to meet our program objectives in a different way or at a more rapid or less rapid pace. Consideration and allowances have existed for adjustments in class or course loads for the individual student for some time. This is currently encouraged in some instances so that a student under certain circumstances can continue on a part-time basis. Such a philosophy has resulted in the development of what is known as the Prolonged Program. It offers to a limited number of accepted students the opportunity to meet the requirements of first year courses over a two year period in a specially designed curriculum. For certain courses they participate with all first year students, in others they meet in tutorial or small groups.

Since the Nursing courses make up the bulk of the student learning experiences, and since the breadth, depth, and variety of carefully planned and negotiated clinical experiences in hospital or community settings are some of the real strengths of our program, I'd like to highlight some of these facets of the curriculum. Please remember that these are brief highlights, and lack of reference to some courses or experiences does not mean that they are not included in the program.

The Freshman Nursing course, 44 weeks in length, has a conceptual base and focuses on the care of the adult patient during health and illness. The many contributing factors are explored, including those which are inherent in the general environment as well as those resulting from a specific disease process. With correlated theoretical and clinical learning experiences, the beginning student learns to assess and, with experience, increasingly to meet the needs of the patient who is in crisis and adapting to his environment. This concept of adaptability incorporates not only the needs of the present but also the limitations imposed by the past and the anticipations of the future. The student becomes aware of the many resources which contribute to adaptation. The introductory bibliography includes among other offerings a sprinkling of books such as:

MAN ADAPTING — Rene Dubos

MIRAGE OF HEALTH — Rene Dubos

THE STRESS OF LIFE — Hans Selye

FUTURE SHOCK — Alfin Toffler

EXISTENTIALISM: A PHILOSOPHY OF COMMITMENT —  
Sr. Madeline Clemence

CRISIS INTERVENTION — Donna Aguila

Through clinical experiences the student learns to collect data, assess the factors which influence an individual adaptive process, plan and implement and evaluate nursing care based on the statement of problems and nursing diagnosis, and to consider both long- and short-term goals. Students are being introduced to the problem-oriented medical record system, and concepts of accountability and peer evaluation.

The ratio of one teacher to approximately six students allows learning to take place by the direct involvement and active participation of both student and teacher. The elements of safe nursing practice and quality standards of care are developed within this framework.

An ongoing question for faculty is the issue of "what constitutes an appropriate clinical assignment for a Freshman — versus a Senior-level student?" And we must constantly ask ourselves and others such questions as: Are our expectations consistent and valid? Which activities best support our theoretical base? What are employer expectations? Do we overteach and overprepare our students? Are we preparing students to meet the health needs of people in settings very unlike MGH?

The health care needs of the patients at the Massachusetts General

Hospital continue to be varied, complex, and exhaustive in scope. In many ways the view of the student who learns here can be somewhat distorted. The very nature of our patients could easily lead one to believe that all illnesses are hampered by severe complications and that multiple pathology is always present in patients. Relatively rare conditions seem to occur in endemic proportions on our units. One teacher in discussing problems of endocrine imbalance with Freshman students altered her class plan when she discovered that 14 students during clinical experience that week in the Baker Memorial had each been assigned the care of a patient with Acromegaly, a relatively rare disorder of the pituitary. Due to the availability of a treatment which utilized the proton beam at M.I.T., patients who might benefit from this therapy were recruited from around the world and were concentrated at the Massachusetts General Hospital for the five-week period that the cyclotron was available for medical use.

Where then does one begin to teach nursing care intervention appropriate to the needs of the ever-expanding family of MGH patients? Can we successfully help students identify commonalities in the varied but basic needs of the patient population we serve? Can we provide the beginning nurse practitioner with the tools to nurse with confidence not only patients with a background similar to his own but those removed by age, culture, education and language, and other environmental factors? Can our student intervene effectively for the Gypsy family members who visit us annually, or the victims from both sides of the gangland power struggle in our city, or our patients under guard for their own protection or the protection of society, or the increasing number of patients, young and old, who are adrift, separated by choice from family and friends? How can we prepare them today for tomorrow's roles?

In recent years changes in the delivery of health care, particularly those which impose limits on utilization of facilities and the increasing trend toward early self- or home care with supportive community-based services, place an additional restriction on the scope of an illness actually viewed by the student. Today it is rare for a student to care for a patient during more than one phase of the illness. The past pattern of admission, diagnostic work-up, treatment, convalescence, and discharge home, is obsolete. Today the early diagnosis, preventive care, and primary treatment often are rendered in "out-of-hospital" settings. Acute illness is managed in specialized intensive care units and designated areas of the general units. When the patient's condition stabilizes, even though nursing needs are complex and illness is semi-acute, transfer to other types of health care facilities is quickly utilized. Convalescence rarely occurs completely in the acute hospital. Because of this, extra effort must be made for the student to appreciate the continuity of care, meeting long-term goals and, in general, the out-of-hospital health needs of people.

Faculty constantly attempt to provide learning experiences which will expand the student's knowledge and understanding of health maintenance as well as illness and the significance to the patient in today's society. This year



we added another dimension to the program by the assignment of Freshmen to clinical experience at the Massachusetts Rehabilitation Hospital, an extended care facility adjacent to the Hospital property on Nashua Street, used extensively as an interim care and rehabilitation facility for many of our patients.

Due to the increasing number of people entering health care professions, clinical learning experience is at a premium. Faculty and students most utilize patient contact time in the most effective manner possible. Careful pre-planning is essential; and thorough preparation for clinical assignments is an inherent part of the student's program.

After the second year of experiences in specialty areas, the student begins the two Third-Year Nursing courses entitled, "Stress, the Patient and the Nurse." Each course extends over 18 weeks. Senior Nursing students are expected to demonstrate knowledge of the therapeutic program with its inherent stressors and to plan the related intervention for their selected assigned patients. A higher degree of self-motivation, skill, responsibility and independent action become necessary. The Third-Year Nursing courses perpetuate the "adaptive concept" and reinforce the assessment process as applied to the planning of more comprehensive nursing care. Emphasis must continually be placed on the refinement and development of good basic nursing skills so that the patient isn't lost.

The theoretical portion of the courses, with supporting clinical experience, includes what we call core content and area content. Core content (concepts, principles, and skills applicable to all clinical areas) offers breadth — commonalities of care. Area content is directed towards integration of core concepts and further investigation of issues more specifically encountered in each of the four clinical areas — medicine, surgery, neurology, orthopedics, provide depth. Leadership theory and a co-leadership experience are offered during the assignment to either a medical or surgical unit. Sixteen clinical units are presently used for Senior assignment, supplemented by field experiences in other agencies and a home visit.

Learning experiences have been introduced to expand consideration of the needs of the patient and his family from admission to his return to home or community. The strengthening of community health aspects of care within the curriculum is in keeping with current societal trends. Nursing course content is reviewed and expanded to include new or advancing medical techniques and concepts which tend to become a "routine" part of Massachusetts General Hospital patient care long before even a sentence of description appears in the literature. Some recent additions include: a) Management of patients receiving hyperalimentation therapy; b) Autoimmune response; c) Ongoing developments in the field of organ transplants; d) Surgical management of stroke; e) Total orthopedic reconstructive procedures (hip, arthritic finger).

Students continue to use initiative and ingenuity in seeking out learning experience, sometimes motivated by extracurricular interests. During the past year Senior students have shown a particular interest in traumatic pathology

of the knee. While this problem has always been a significant consideration within the Orthopedic Unit and patients with knee problems continue to be numerous, the credit for this most recent mastery of content must go to the very special knees of the Boston Bruins stars: Bobby Orr, Don Awrey, and Phil Esposito.

The second year program encompasses 20 weeks of Maternal-Child Health, 10 of Mental Health Nursing, and 10 weeks in total, of the Care of the Ambulatory Patient, and Care of the Patient in Surgery.

Since September 1968, after McLean had closed its school in June, we have employed 4 instructors for the course, renamed in 1972 Mental Health Nursing to reflect changing emphasis and goals. Students now live at MGH, commuting three days, or evenings, a week to McLean, having classes two days a week at MGH, and are without weekend assignment. Cash for meals and transportation become a necessity.

Whereas graduates in the past commented that the care of forgetful elderly patients at McLean in the 1950's had not prepared them to deal effectively with bizarre behavior among their own friends and family, students for some years have found themselves working chiefly with adolescent patients. This is not always easy for them to do; some of them are reluctant to perceive distortion or to set limits with patients of their own age group. The old anxieties about "crazy" people do persist, especially for the first section in that rotation each year. After that, the experience of classmates filters through to give reassurance. Students repeatedly express surprise at their fatigue after working with patients. "It's a different kind of tiredness," they say. Those who have taken satisfaction in dramatic intervention with visible, concrete results on the general floors are baffled by the subtleties of "just talking," taken so seriously by the McLean staff. The change in emphasis continues, from diagnosis and treatment of disease entities to observation and involvement in interpersonal relationships as the nurse develops awareness of his own reactions as they contribute to a given situation. Necessarily this is a slower process than changes in fashion for drugs, operations, equipment, or procedures.

Not so long ago some patients spent their lives at McLean. They withdrew from the world to a room or suite, perhaps with a nurse or domestic companion. Today a patient is expected to remain not more than three days on the admissions hall before transfer for treatment to another floor. In 1971-72 the average duration of stay was 170 days, and dropping; 137 days if the prolonged stay of three patients is omitted from the calculation. Many hospitalized patients are nevertheless at school or college or working in the community. The McLean Outpatient Department has grown enormously. Our students, however, are not assigned there.

Field trips continue to increase in number in this course. Small groups of students make arrangements and visit state hospitals and such agencies as drug treatment centers, half-way houses, child guidance clinics, summer camps for emotionally disturbed children, state centers for the criminally insane, and

community mental health centers. They share their observations with the class, in panel and group discussion. The emphasis on community mental health centers where the patient retains and uses his strengths in the community instead of assuming a dependent, passive role in hospital will increase.

A major need in the MGH curriculum continues to be the integration of mental health principles throughout the program. Recognition of normal anxiety in the general hospital needs to be stressed.

The current emphasis on the maintenance of health of the individual and the family has had a particularly strong impact on the Maternity, Pediatric, and Outpatient student experiences. It is a challenge to devise a program which emphasizes these aspects, especially when so much of the basic experience is in a hospital where the care of the acutely and seriously ill must often take precedence. In an attempt to focus on health maintenance and community needs, some major changes have been made and will continue to take place.

Maternity Nursing and Nursing of Children have been combined into a Maternal-Child Nursing course for the past four years. The greatest change in clinical experience has taken place in the Maternity area. For the last few years we have assumed responsibility for the teaching and have appointed our own faculty. One half of the experience (postpartum and prenatal) has been at the Boston City Hospital and the other half (nursery and labor and delivery) has been at B.L.I. This has been an excellent arrangement because of the varied types of facilities and patients experienced at each hospital. The decrease in birth rate, the increasing use of community hospitals by maternity patients, the increase in numbers of students in the Boston City Hospital School of Nursing has necessitated the discontinuance of that facility for the coming year.

A new plan has been devised for the 1973-74 school year to broaden the focus on Family Health, which will include utilization of the Parkway Division of the Boston Hospital for Women as well as the Lying-in Division; various community observations for field trips, experience in doctors' offices if available and audiovisual aids.

Experience in the care of the ill and hospitalized child is primarily in the Burnham units which have undergone several changes. One floor is devoted entirely to adolescents and another to intensive care, both a nursery and a unit for children of all ages. The Shriners Burns Institute for Children has offered very valuable experience for a limited number of students each year. At last count, approximately 35 additional agencies, organizations or institutions provide community health oriented experience for the students. The focus of the five-week course in Care of the Ambulatory Patient is on health maintenance, and care and teaching of the patient who is not hospitalized. The Clinics of the MGH provide the major practice setting. Planned follow-up visits of selected patients at home are included.

Only the Operating Room Nursing course of five weeks remains heavily

oriented to caring for the hospitalized patient. However, this continues to be a valuable experience which allows the student the opportunity to see the increasingly complex surgery and to appreciate the nursing role in preparing and caring for patients preoperatively and postoperatively, and the utilization of the teamwork, technology and equipment necessary for performing it. The expansion of the Operating Room facilities into the new Gray Building and the continual modernization of the area gives one the feeling of walking into "outer space" when entering the Operating Room Suite. And, speaking of "outer space", lets get future oriented.

Though we believe in and are convinced of the soundness of the product of our program, we believe also that no program can maintain a status quo or exist in a state of suspended animation. Study and planning for the future, and establishing new directions, organizational arrangements, and educational patterns have been undertaken in order to manage change and to not lose out by default.

Perhaps the most universal belief about a nursing education program conducted by MGH is that not only must the quality continue to be first rate and not only must it continue to contribute to the leadership in nursing and the development of the discipline of nursing, but its students while enrolled in the School should be able to earn legitimate college credits and a sound degree.

While it is relatively easy to wish for such things or to speak emotionally, eloquently, or rationally about their desirability, to move from here to there involves negotiating a road with dead ends, congestion, speed traps, sharp curves, reverse direction signs, unmarked exits and three-way traffic on a one-way street. Quite candidly, there have been (and are) times when pressures from many directions to make a sacrifice play or to close or to change at all cost, have seemed great. In some respects that might have been the comfortable or easy thing to do, to follow a course of least resistance, or to settle for a compromise with a dubious future due to the many uncertainties and upheavals surrounding institutions of higher education. To many of us, however, this seemed a serious abdication of responsibility when, with more time and work, some other desirable possibilities might evolve which would not only meet a community need and contribute to the Hospital's goals, but would also recognize social trends and provide the students with a quality education with credentials that would facilitate their continued learning and attaining their career goals.

Most, if not all, of you here realize that over the years the MGH School of Nursing has pioneered and had a variety of affiliations or arrangements with colleges and universities. The last two formal arrangements ended in 1966 with the discontinuance of the Coordinated Program with Radcliffe College and the Alternate Program with Northeastern University when the University began its own School of Nursing.

The decision was made by the faculty in 1966 not to attempt to duplicate such programs with other colleges or universities, but rather to explore



different possibilities, to try to create some different models or test out other alternatives while focusing on curriculum redesign and building up the essential supporting services. During this period the wisdom of purchasing general education college courses for the students or requiring a college course, in English for example, were studied but student opinion was against such a requirement (they preferred having the opportunity to take electives or various courses for personal enrichment as time allowed). The added costs of the program; the large numbers of students and the problems encountered or restrictions imposed on curriculum design were deterrents to pursuing such a plan (at least for a period of time). Students were encouraged, with a more stable and predictable schedule, to avail themselves of college or continuing education courses while enrolled in our program as their pocketbooks and the limitations of their time allowed.

To seriously consider the feasibility of becoming an independent school of nursing, with the authority to grant a degree, seemed to us an unwise and unrealistic venture because of the problems of financing, at a time when well established and endowed educational institutions were encountering serious fiscal problems, because of the limited nature of a degree in a single purpose school, and the possibility of increasing the isolation of the nursing students from students in other health sciences or disciplines. Approximately two years ago there were explorations with a local University and a proposal outlined to establish a link between the School of Nursing and that University. However, their other priorities and the costs involved prevented this. Concurrently, in the early 1970's the MGH initiated some activity, upon recommendation of the Hospital's Committee on Teaching and Education, to determine whether the charter of the Hospital might be amended to receive legal authority as an educational institution. (Some of you have undoubtedly heard of this or read about it in the MGH News.) We began to consider a nursing education program in such a framework but hope waned as there were few indications of progress in determining the feasibility of the Hospital's receiving legal collegiate authority. It was a particularly discouraging time. For all of us associated with major educational programs within a hospital our concern about costs and the extent of the subsidy of the program had become an overriding one, made the more critical by the likelihood that third party payers would not continue to underwrite educational costs to the extent that they have.

This past year a series of events has taken place which has once again unleashed our imagination and given us renewed courage and hope that some of our commonly held goals for the future of the School might be achieved. As the School enters its second century (or first millenium, if you prefer) I would like to describe briefly, in closing, some of the events which are taking place in order to become a degree granting institution.

In March of 1973, Mr. Richard Olsen was appointed Educational Consultant for the Hospital and an inventory of all its educational programs was



**Guest speakers Elda S. Popiel and Natalie Petzold chat with presiding officer Helen Sherwin before the start of their program on Saturday morning. (Photo #126)**

undertaken. After consultation with the Chancellor and Vice-Chancellor of the Board of Higher Education of Massachusetts, with whom the legal responsibility for collegiate authority rests, notification was sent to the Secretary of State and to the Board that the Hospital intends to submit a petition for collegiate authority, requesting permission to conduct certain programs and to award certain degrees. Currently a grant is being sought to develop a construct of an overall organizational, fiscal and educational model; its educational purposes and objectives; the broad definitions and interrelationships of its educational components, and the relationships that would be established with other Departments or Services of the Hospital. The Nursing School, as one of the largest educational programs in the Hospital, is pivotal. Proposals and ultimately decisions of the magnitude now being studied will need thorough study and broad consultation. Alumni will be involved, and Mr. Olsen is at these Centennial observances so that you might meet him and talk with him. A grant will be sought relative to the transition of the School to a degree granting program, phasing out diploma programs, maintaining the standards referred to earlier, and providing preparation for leadership. Though the ultimate decision will rest with the Hospital's Board of Trustees and with the Board of Higher Education, broad consultation has begun and will continue in order to develop a specific proposal and model for the Nursing School and

to consider its feasibility, desirability, and impact. Consultation this summer by Mr. Olsen with some alumnae, with various representatives of the community, and of educational institutions, and the views expressed by faculty task force study groups have been encouraging and support the concept of a first class degree program in nursing at MGH. Of the various options which might be possible, an upper division nursing program at the baccalaureate level, requiring at least 2 years of college prior to entrance, will receive further consideration. However, the plan that encompasses most of the ideals which have been held for the School and represents the hopes of many for the School is that of a preservice Master's in Nursing program of 2 or 3 years length, with an approved baccalaureate degree (in a field other than nursing) a prerequisite to entrance. The tremendous interest and need for such a program has been supported by the National Commission for the Study of Nursing and Nursing Education, by the many inquiries and applications received from college graduates, not only by our School but in many areas of the country, and by the developing concept of the professional nurse as a collaborator with unique roles and functions in providing health care.

There is much work to be done; it is not a quick process; nor is there a guarantee that the necessary authority to grant a degree will be received. But we are close to a dream or a vision which many have had for the School of Nursing for many, many years. We are indeed at the threshold of history making decisions of great social impact. We invite you to participate, to join hands with us, and to share in this historical undertaking.

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## Continuing Education

*Mrs. Elda S. Popiel, Professor,  
Assistant Dean, Continuing Education  
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Since this is an historical celebration it seems apropos to begin with a brief history of Continuing Education and then discuss the concepts and influences in nursing and society as a whole which have brought about the tremendous interest in Continuing Education in Nursing so evident today. There are many vital issues in this concern for Continuing Education in Nursing and I would like to discuss a few of these. One of the more important issues is course, pro-

gram and participant evaluation. I would like to end on what the future holds for C.E. in Nursing.

### *History of Continuing Education:*

Continuing Education has an impressive heritage beginning with the golden age of Greece. Aristotle and Plato both used people involvement in their teaching. Continuing Education (or adult education) was a method for preservation of knowledge in medieval times. It was a motivating force in the renaissance;



catalyst for the 19th and 20th century social and economic and political reforms and facilitator for the emergence of our present cultures. Social movements such as the Reformation, and the Industrial Revolution were based on the assumption that adults have the ability to learn to change.

The concept of Continuing Education in Nursing dates back to the beginning of organized nursing. The best evidence of this is the oft quoted statement of Florence Nightingale that nurses should never consider themselves finished nurses — but must continue to learn all their lives.

There have always been continued learners in nursing. Linda Richards, who organized this School of Nursing is a good example of the continuing learner.

In Dr. Victor Robinson's book "White Caps", he says of Linda Richards, "Always a student, she managed to spend six months abroad (1877), where she worked, as a resident visitor in St. Thomas' Hospital, Kings' College Hospital, and Edinburgh Royal Infirmary." Florence Nightingale said of Miss Richards, "I have seen her, and have seldom seen anyone who struck me as so admirable. I think we have as much to learn from her as she from us." And that is what often happens in continuing education; we share and learn together.

Continuing Education in Nursing in the United States began before the turn of the century, little more than 20 years after Massachusetts General Hospital School of Nursing was founded in 1873.

The earliest types of activities identified as Continuing Education were those sponsored by alumnae associations of schools of nursing. These alumnae associations served both a social and educational purpose. The first formal Continuing Education courses designed for practicing nurses were the post-graduate courses provided by hospitals. Even the early nursing journals identified the need for post-graduate work. Post-graduate courses in nursing were established by many hospital schools of nursing. In 1905 a survey by Clara D. Noyes tabulated 26 general hospitals and 14 special hospitals as providing some type of post-graduate courses — some on a regular basis but the majority were limited to their own graduates. There was no uniformity in the courses and an absence of educational quality.

Since there were no educational standards for these courses probably all nurses taking the post-graduate courses were exploited in the name of education. In fact, *The Nursing Record and Hospital World* of January 18, 1902, reported:

"In some, if not most, of the post-graduate courses, the graduate, like the pupil, receives her training by doing the entire nursing of the institution. She has practically the same working day — usually nine hours — through which she labored in her training school period. Her work differs from her school work in being of a special nature, but not otherwise; the same amount of work, if not more, is expected to be accomplished; there being no probation-



er, she must scrub basins, clean bathrooms, dust and do other work which in a school the senior nurse is usually relieved of."

Continuing Education in Nursing as we define it today would not fit this description. We learn by doing but the learning experience must fulfill an educational goal and not be a work contribution to nursing service.

For nearly half a century hospitals continued to offer post-graduate courses and it is apparent that hospitals continued to offer these courses for the purpose of augmenting their nursing service. Occasionally a small fee was charged the post-graduate student; more commonly it was assumed that they paid for their education by the service they provided. The teachers of these courses usually had to do full-time floor duty as well as instruct.

One of the earliest nurses to secure released time for teaching was Annabella McCrae, an assistant and part-time instructor in the Massachusetts General Hospital School of Nursing from 1902 until 1912, after which she was relieved of administrative responsibilities to devote full-time to the organization and teaching of basic nursing procedures.

In 1929 the A.N.A. reported instruction to graduate nurses as ranging from 15 minutes to 15 hours each week. The purpose of these courses was to supplement the inadequate or incomplete basic preparation of the nurse. However, the genuinely sound continuing education courses were in the minority. These post-graduate courses fell into disfavor in the 1940's as many nurses began seeking college

preparation and the post-graduate hospital courses were unable to give academic credit.

Post-graduate courses were offered in a variety of clinical areas, especially maternity, pediatrics, public health, psychiatric nursing, and communicable disease. Certainly these courses met an obvious need or they would not have survived. In fact, courses in pediatrics, coronary care, intensive care and respiratory diseases, as well as the expanded role are now offered by large hospitals in many metropolitan areas. The post-graduate courses have provided an important base for the later developments in continuing education, especially the in-service and staff development component within health agencies. If the courses are well-designed and taught by skilled faculty, they still make an important contribution to the nurses' competence in health care.

Another foundation upon which we have built, in the continuing education progress in nursing, is the summer program schedule offered in schools of nursing to graduate nurses. Mary Adelaide Nutting established this pattern back in 1899 and eventually other institutions followed her example. Today almost every collegiate school of nursing has some type of summer course offerings.

These short courses are usually designed to meet specific educational needs of nurses employed in positions for which they are not prepared or to complete deficiencies before entering into a formal academic program. Then, as today, one of the important contributions of these summer offer-

ings was to "whet" the participant's appetite for more education.

In the early 1920's, references to institutes, workshops, and conferences designed for nurses began to appear in the *American Journal of Nursing*. These offerings were sponsored by a variety of organizations, such as State Nurses' Associations, National League of Nursing Education, the Heart Associations, colleges and universities. All of these organizations and many more, continue to offer the short-term courses. Today, many private individuals and businesses are developing their own formats of continuing education and offering their short-term courses to nurses and health institutions for a price.

Another important aspect of continuing education is the refresher courses for inactive nurses. In the depression years of the 1930's, many nurses took these refresher courses to occupy their time while not employed. At the beginning of World War II, the refresher courses became more important, because of the need for more nurses to be actively employed. The Wisconsin state-wide program is probably the best example of a successful program of this type. In 1962, federal funds became available for the retraining of inactive nurses through the Manpower Development and Training Act. In 1967, the Division of Nursing, U.S. Public Health Services provided funds to 46 agencies over the United States (these were usually state nurses' associations who offered these

refresher courses. In the next three years, 1,008 refresher courses were conducted to 10,455 inactive nurses.<sup>5</sup>

Information about service programs within health agencies began to appear in nursing periodicals around 1929. Cook County Hospital in Chicago, Women's Hospital in New York City, and the Veteran's Administration were pioneers in the field of in-service education.

Colleges and universities did not become interested in Continuing Education for nurses until the early 1920's. Continuing Education courses were often offered through the extension division of the college or university. By the late 1940's increasing numbers of universities began to offer short-term courses, conferences, and workshops. The University of Pennsylvania, University of Washington and the University of Wisconsin are good examples of these beginning Continuing Education attempts for graduate nurses.

The University of Colorado School of Nursing began offering Continuing Education courses in 1942 through the various areas of the School of Nursing. The courses offered were in psychiatric, maternal-child, and public health nursing. In 1957, the Continuing Education Services was formally organized into a separate division of the University of Colorado School of Nursing and a Director of Continuing Education was appointed. At this time, the W.K. Kellogg Foundation funded an experimental program in several universities in the West in which the

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5. Statistics from Mrs. Margaret Sheehan, Division of Nursing, Department of Health, Education, and Welfare.

University of Colorado participated. This experimental program marked the first extensive funding of Continuing Education for nurses by a private foundation.

The Western Council of Higher Education in Nursing was still another development of the 1950's. This Council established a pattern of interstate and regional planning in Continuing Education in Nursing that has influenced the development of Continuing Education programs over the entire United States. Within the last decade, several other regional groups have been organized such as S.R.E.B., N.E.E.B., M.C.P.E.N. and a Northern Midwest group which includes Michigan, Wisconsin, North Dakota, Montana and Minnesota. One of the prime interests of each of these regional groups is Continuing Education in Nursing.

In 1962, the Nurse Training Act provided financial assistance to Schools of Nursing and professional organizations in the development of short-term training programs for nurses. This financial support from the federal government has given Continuing Education in Nursing a tremendous push toward sound educational courses. Now with financial assistance from the federal government, several state nurses' organizations are attempting to establish state-wide networks of Continuing Education courses for nurses. Many of these networks include the vocational education groups, community colleges and the universities within the state working with the nurses in the local districts.

In 1969, over 100 nurses respon-

sible for Continuing Education programs met together in Williamsburg, Virginia to learn more about Continuing Education and share ideas and problems. Since then an Annual Conference has been held for nurse educators in Continuing Education. In 1972, the Conference was held in Aspen, Colorado with 188 nurses attending. I have just come from the 1973 Conference which was held in Columbus, Ohio where 162 Continuing Education Nurse educators participated.

From these Conferences the idea of a Continuing Education Council within A.N.A. was proposed. This Council became a reality at the A.N.A. 1972 Biennial Convention in San Francisco. The first meeting of the Continuing Education Council was held in Columbus, Ohio on September 27, 1973. The creation of this Council under the aegis of the Commission on Nursing Education is a formal recognition by the American Nurses' Association of the importance of Continuing Education to professional practice.

The concept of Continuing Education is not a new one. It is the term Continuing Education which is new. Formerly, it was known as Adult Education, night classes, or extension courses. Within educational institutions were extension divisions which have now become divisions of Continuing Education. The best examples of this are the land grant colleges who used to offer educational assistance to the farmers and rural population through their agricultural extension programs but are now offering continuing education courses

for the entire adult population.

Terms have different meanings to different people which give rise to misunderstandings and frustrations. This has been true of the words Continuing Education and their meaning. Many nurses have misconstrued that to be involved in continuing education they must continue in formal academic courses until they acquire a baccalaureate degree and then a masters degree and so on, and have believed that this was what was meant by Continuing Education. But this is far from the true meaning of Continuing Education. Continuing Education as delineated by the Continuing Education Council of the A.N.A. is as follows: "Continuing Education in Nursing consists of planned learning experiences beyond a basic nursing education program which promote the development of nurses' knowledge, skills, and attitudes for the enhancement of nursing practice; thus improving health care to the public."<sup>6</sup>

Parlette of the Western Public Health Schools describes Continuing Education as the exploration of new ideas and new dimensions to improve the individual's professional competency which ultimately will affect his professional field.<sup>7</sup> Whatever definition you adopt, it should facilitate a clear direction for program development and serve to sharpen the evaluation process. It is imperative that all persons working together in

developing a Continuing Education Program are operating under the same definition. The purposes of Continuing Education in Nursing as we see it are four-fold and offer the nursing personnel opportunities to: (1) gain knowledge, skills and attitudes which will enable them to improve the performance of their jobs; (2) learn new nursing roles, techniques and skills; (3) provide for self-development and professional growth; (4) show evidence of competence for relicensure. Many continuing education courses today are concerned with all four of these purposes. An excellent example of a course which fulfills all four purposes is the Nurse Practitioner course.

To put these purposes into a successful educational activity, it is necessary to develop a philosophy of continuing education that will provide meaningful learning activities for adults and an environment that facilitates learning. There must be concern for the development of individuals, a sense of worth of every person, and faith that nurses will make the right decision for themselves if they have the necessary information and support.

The philosophy must emphasize the release of human potential and not the control of human behavior. The personnel involved in continuing education must believe in the concept of andragogy (self-directed learning) as opposed to pedagogy.

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6. Statement for A.N.A. Continuing Education Council — Interim Executive Committee — August, 1973, Kansas City, Missouri.

7. "Problems and Opportunities of the Extended University," *Proceedings of the University of California Twenty-Fifth All University Conference*, University of California, Davis, California, Regal Hall, March 25-27, 1970.



What are the forces at work? Which influence Continuing Education in Nursing? Probably the greatest influence is that of constant change — change in technology, medicine, science, and economic growth. In fact, all social processes are speeding up — spectacularly! Change has increased so much that our imaginations cannot keep up. One social change which is particularly significant to the continuing education of nurses is that of the educational advancement of the public. Today the public expects a higher level of performance from the health care team. They demand better health care and use the services more.

The age distribution in the worker population is different today. For instance, 20% of all workers in industry are under 25. Their dress is different, their complaints are different, their language is different. They demand emancipation and a voice in their care. Nurses must learn to cope with this phenomenon.

Today's policy of inclusion also affects what the nurse needs to know. This means that everyone has a right to quality health care, has a right to work regardless of race, creed or sex, and has a right to share in making decisions about their health care.

Because of this inclusion policy the nurse must become involved in different ways of life and values, the problems of minorities, the problems of women, of child-care centers, and the emotional and mental as well as the physical, social and economic problems of people.

Because of the complexity of our

lives today, we face a matrix of collaborative efforts within any given health care system. No one health profession will be able to dominate the collaborative effort. We must be prepared to engage in several types of concentrated effort and the person with the abilities needed to get the job done or the problem solved will be the leader of the team. Leadership will fluctuate in and among the professional health workers as the situation demands. Most nurses are not prepared for this type of collaboration so continuing education must offer them the opportunity to learn these collaborative skills.

We hear a great deal about ecology today and how it affects the health of people. Ecology means the total environment. Some authorities go as far as to say that the individual and his total environment equals health. Nurses must consider many aspects of the total environment, i.e., rapid change, routine jobs, increase of leisure time, the youth rebellions, safety hazards, cleanliness, pollution, the drug scene, alcoholism, different cultures all working and living together, their values, mores, family situation, self-image, past experiences . . . all contribute to the total environment. Continuing the nurses' education along these lines is imperative and nurses are asking for these kinds of short-term courses.

It has been estimated that approximately 15% of actual health care problems are those related to cure, while more than 85% of the problems people encounter are really ones of care — education for health, periodic examinations, dietary advice,

long-term, non-acute regimens are all in the category of care. The emphasis then of the nurse, must be on care. Most people today need *care . . . not cure*. The nurses' role must truly reflect the health care needs of the people with whom they work and emphasize the type of nursing practice which will maintain the health of people, prevent illness or disease, give support, teach, counsel and allow persons to be involved in their own health maintenance and safety. The nurse must devise health plans which will be continuous and dynamic in nature in order to meet the challenge of nursing today. Many of the ideas I have discussed here have not been a part of nurses' basic education especially if they have been out in practice or inactive for the past five to ten years. So this becomes a responsibility of continuing education to prepare these nurses for today's nursing.

Most schools of nursing have been clinically oriented to the hospital and crisis nursing but this is no longer the only place where nursing is important! Ambulatory care and health maintenance as well as independent practice by the nurse are becoming more and more apparent. Nurses are demanding this kind of continuing education in order to meet the demands of society, make their jobs more satisfying, and improve their ability to deliver quality health care.

Another force which influences continuing education in nursing is the Extended University Concept which will probably give rise to the provision for educational activities in areas remote from university cam-

puses. At the University of Colorado, several of our continuing education courses are offered in the rural areas. An instructor from our faculty with the assistance of a program planning group in the rural area; plans and conducts courses, out in the rural area, which meet the educational needs of the health professionals who work there. Manpower and clinical resources of the rural area involved are utilized. This extended university concept enables people to enroll in continuing education courses without coming to a large metropolitan center or the main campus of a university. Technology is also available for providing education to people many miles away from campus; for example, communication satellites, closed-circuit television, video-tapes, telelectures and individually programmed instruction.

The financial emphasis placed on continuing education for nurses by the federal government has fostered the present interest in continuing education. Legislation passed in California in 1971 has also had an impact on continuing education. This legislation requires continuing education as a condition for relicensure of nurses and other health professionals. A number of other states are considering similar legislation. Many state nurses' associations have developed a voluntary continuing education recognition system for the nurses within their borders. These are just a few of the influences which have made continuing education in nursing what it is today.

*Issues Within Continuing Education in Nursing*

As in other segments of nursing, continuing education has its issues and problems. Some of the more pressing issues are: (1) mandatory VS. voluntary continuing education for relicensure; (2) financial support for continuing education; (3) quality of program development; (4) preparation of faculty to direct continuing education programs — most faculty members have little experience in this field of education; (5) program, course, and participant evaluation; (6) whose responsibility is it to offer continuing education programs and what responsibility does the nurse have?; (7) how do we determine the educational needs of nurses?; (8) academic credit for continuing education courses and the C.E.U.; (9) what and how will inter-disciplinary continuing education be accomplished?; and (10) the acceptance of continuing education as an equal partner in the academic system.

I have named ten issues which are of concern to those engaged in continuing education in nursing. There are many more. There is not time to discuss all of these issues, but I would like to speak briefly about four of these — first evaluation, then mandatory VS. voluntary continuing education, third acceptance of continuing education as an equal partner in the academic system, and fourth whose responsibility is continuing education?

First — the issue of how can we do a valid evaluation of an overall program, a specific course, or the growth

of the participants in these courses? Evaluation to be effective must be ongoing and planned as the course is planned. The process begins with the educational objectives. The objectives will indicate the type of behavior expected of the participants at the completion of the course. Data which will give evidence that the expected behavior has been accomplished must be gathered. Often instruments will need to be devised to suit a particular situation.

Malcolm Knowles suggests that evaluation "has become a much over-emphasized sacred cow."<sup>8</sup> He goes on to point out four practical obstacles to evaluation of the effectiveness of a continuing education program:

(1) Human behavior is too complicated and the number of variables affecting it are too numerous for us to be able to 'prove that it is our program alone that produces desired changes.'

(2) The social sciences have not yet produced the 'rigorous research procedures' and measurement instruments for getting the outcomes of a comprehensive program.

(3) The kind of intensive and scientific evaluation . . . requires investments of time and money that many institutional policy makers are unwilling to make.

(4) Adult education . . . is an open system in which participation is voluntary, so that the worth of a program is more readily tested by the degree of persistence and satisfaction of its clientele.<sup>9</sup>

The question always arises as to

8. Knowles, Malcolm. *The Modern Practice of Adult Education*. Association Press, New York, 1970, pg. 219.

9. Knowles, Malcolm, *op. cit.*, pg. 220.

when evaluation should be done and who should evaluate. Informal evaluation by staff, resource persons, and participants is going on all the time — at staff meetings, over coffee breaks, in buzz sessions, in small groups, during social hours, and at the end of each day. These result in on-the-spot changes, improvements and sometimes deletions in the course content or learning experiences. It is important for the staff and resource persons to gear themselves to listen without becoming defensive.

The feedback received from participants about what happened to them between sessions of the course will reveal necessary changes, problems, and identify educational needs to be covered in the next session. Feedback received from participants at the end of the course and six months to one year after the end of the course will give some indication as to the effectiveness of the course and will indicate whether or not changes, additions, or deletions need to be made in the content and design of a given course, if it continues to be offered.

Anyone concerned with the course should be brought into the evaluation and the analyzing of the data and interpreting the findings. Participants, staff, resource persons, employers of the participants, program planning groups, consultants, advisory committees, and consumers are a representative group who can be involved in the evaluation. How many of these people are used will depend upon the scope of the course, its content, and purpose. Probably the wisest course of action would be

to focus on one or two aspects of a course for a systematic evaluation and whatever else is discovered regarding the effectiveness of a course becomes a bonus. The ideal is to have an ongoing evaluation process which can be applied to every course.

Evaluation of knowledge gained by the participant can be ascertained by the use of pre and post-theory tests. Change in attitude of the participant can be assessed through pre and post-personal relations survey tests. My own position is that evaluation is a necessity and that we must continue our search for deep, continuous, and scientific evaluation of continuing education courses and programs.

Evaluation is not just a simple act or event, but an ongoing process. It encompasses every activity within the training cycle. A review of past history, selection of appropriate course objectives, expectations of participants, staff and administration all affect the evaluation process. More than one type of evaluation should be carried out for each course. The reaction of participants, resource persons, and staff, as well as persons who are able to observe participants back on the job, are all useful evaluations.

Appropriate evaluation methods should encompass checklists, questionnaires, planned observations, interviews, pre and post-tests, rating scales, inventories, and on-the-job consultations. These methods can be used to determine progress of the participant in learning concepts, memorizing facts, knowledge application, problem solving, improved





**Seated with Mary Gray Shaw and her escort Mr. Titler are Alice Barnard VanArmen, Marjorie Chambers Collins, Louise S. Zutter, Susan Mills Briggs, and Ellen Harvey Reardon. (Photo #139)**

job performance, development of new interests and changes in attitudes. The evaluation methods chosen will be determined by the specific learning outcomes produced by the course.

A considerable amount of time, effort and money are invested in continuing education programs, so it becomes essential to be able to demonstrate that the courses offered are effective. Judgments of the worth of continuing education must be based upon objective evidence that is systematically and scientifically acquired.

The second issue I would like to discuss is the issue of mandatory VS. voluntary continuing education for relicensure. It is my belief that persons are responsible for their own

continued learning; that as professional nurses we should feel impelled to keep our practice up-to-date and continue to grow. But this does not seem to be the belief of some nurses — who need a force from outside to move them toward the notion of continued learning.

The idea of mandatory continuing education by legislation is controversial and does not have universal acceptance. If any plan for universal continuing education for nursing is to succeed, there are many problems which must be resolved. The greatest of these problems is the availability of continuing education opportunities for every practicing nurse. If legislators enact mandatory laws — then they must also appropriate the necessary monies to make these continuing

education offerings available. Another problem concerned with mandatory VS. voluntary continuing education for relicensure is the fact that simply exposing people to a learning situation does not assure better nursing practice. Putting new knowledge into practice involves far more than just requiring a person to be exposed to a learning experience. Changes are not easy to make.

As I have mentioned before, legislation has been passed in California which requires continuing education as a condition for the relicensure of nurses. This law will become effective in 1977. A number of other states are considering legislation. Voluntary continuing education is an alternative approach and is tied to membership in a state nurses' association. Colorado, Utah, North Dakota, Arizona, Kansas, Indiana, and several other states have such plans in effect. Others are in the midst of plans.

At this time, A.N.A. does not support the concept of requiring continuing education as one condition for the renewal of a license to practice nursing. Whatever finally happens regarding mandatory VS. voluntary continuing education, it is our responsibility to keep up-to-date. If we do not take the responsibility for sustaining ourselves with new knowledge, others will "take over" and then what nurses need to know will be dictated by law-making bodies . . . or physicians. Learning for nurses and the application of that learning must be our responsibility and the responsibility of the nursing profession.

The third issue I wish to discuss is acceptance of continuing education

as an equal field or partner in the academic system. Continuing education in nursing is a rapidly developing and increasingly essential educational system. In a few institutions it has already reached equality with the other fields of nursing education. However, these institutions where this has happened are few and far between. A.N.A., through the Continuing Education Council, is recommending that continuing education have equal finances, space, authority and responsibility as the other fields of nursing education within the educational institution. A.N.A. also suggests adequate faculty with comparable academic preparation employed in continuing education.

The fourth issue I would like to discuss is — whose responsibility is continuing education in nursing? First, and foremost, the primary responsibility for maintaining competence in nursing practice must be assumed by the individual nurse. Nurses must develop their own long-range goals in continuing education and seek out the offerings which will meet their needs to maintain competence. A.N.A. does acknowledge that the profession must make a concerted effort to assist each nurse to develop and improve practice and to exercise leadership in effecting changes in health delivery services. A.N.A. believes it has an obligation to promote programs of continuing education and to encourage practitioners of nursing to take advantage of continuing education opportunities that help them keep their knowledge and skills current.

Employers of nurses must also share in the responsibility of continu-

ing education and should provide short-term and long-term educational leave opportunities for nurses. A dynamic, well-financed in-service education program is also the responsibility of the employing agency of all health personnel. Employers must also recognize employees whose practice shows evidence of improvement following participation in continuing education.

### *WHAT OF THE FUTURE?*

Continuing education will become even bigger business than it is today and will move from the periphery of our society to the center of our value system. Malcolm Knowles suggests that "Continuing Education is transforming itself from an activity to a profession."

Vast changes in the delivery of health care lie ahead in the United States. Ways must be found to reduce the staggering costs of all health services. Research and education are two important ingredients of these changes. No one can predict what form the changes will take, only that they are inevitable if we are to take care of the health requirements of the people at all economic levels. When the changes come, continuing education programs in nursing must be ready. One of the key health members in the newly formed health maintenance organization is the registered nurse. These nurses will need educational assistance in meeting the demands thrust upon them in the patient care and health delivery innovations to come. It is the responsibility of continuing education programs to meet these educational needs.

Continuing education faculties are

small compared with degree-oriented faculties and in no way reflect the urgent needs of the field. Most faculty members have little experience in this field of education. Efforts are being made to train the continuing education staff who in turn will train other people. Graduate schools of nursing will accelerate their education of nurses who wish to be on the continuing education faculty of a school of nursing. Special courses in teaching in continuing education are being added to the graduate programs in schools of nursing. For full professional training in continuing education, graduate degree programs are now available in colleges of education and schools of nursing in as many as fifty universities in North America and I am sure there will be a proliferation of these.

Universities will be looking at non-traditional forms of learning systems, such as out reach programs, part-time students, self-pacing and accelerated programs. Efforts will be made to develop new types of consortia. The trend seems to be for two types of consortia: (1) a consortia of institutions of higher education and non-educational groups offering continuing education programs together in order to bring about cost effectiveness and increase the quality in continuing education; (2) the second consortia is that of higher education institutions which cover broad (state, regional and national) geographic areas, all working together to offer continuing education opportunities to adults. On the state level, one example might be nurses' associations, hospital association, continuing education departments of area colleges,



universities and community colleges cooperating in the offering of continuing education course.

More states will pass mandatory laws requiring evidence of completion of continuing education offerings for relicensure. The continuing education unit of credit (10 contact hours = 1 C.E.U.) will be adopted by more and more institutions, associations and accrediting bodies as the unit for measurement and evaluation of offerings.

Ways will be found to get continuing education offerings to the "grass-roots" where there are not enough nurses to enable some of them to be released from duty to take continuing education. Instead, the course will be brought to the nurse through various educational media and on-the-job seminars and workshops.

In the future, Continuing Education must plan offerings which will continue to keep the knowledge and skills of the primary health care nurse (expanded role) current after completion of either the basic program in nursing or the expanded role Continuing Education course as the expanded role of today will become the expected role of the future. The inactive nurses are another group for which innovative and effective methods of keeping current will be developed.

We all face a matrix of collaboration which we cannot change and no one educational system will be able to dominate the collaborative effort. We must be prepared to engage in several types of concentrated effort in Continuing Education with each other, with medicine, dentistry, and allied health professionals. The chal-

lenge of the future in Continuing Education must sometimes be met through interdisciplinary and inter-agency action, rather than by one school of nursing or one professional organization.

Another problem we all face is that of finances for Continuing Education courses. We cannot expect federal funds to last forever even though I am sure some assistance will always be available. As I have mentioned before, there are many foundations interested in Continuing Education in the health field. But it seems to me that the nurses must take more responsibility for their own continuing education, in planning their own continuing education, as well as paying for it! The employing agency will need to consider taking more financial responsibility for the continuing education of its employees. To date, other support has been largely dependent upon registration fees and project grants financed by the federal government, foundations and professional organizations. It would appear that ingenuity, hustle and solid management will be important factors in the future growth of Continuing Education.

A commitment to Continuing Education by schools of nursing in higher education should lead to increased state support. One means of revenue for us, which is becoming more extensive, is the contracting with hospitals, community agencies and other organizations, to provide courses for their personnel, for members of their organizations and the practicing nurses in their area. We have found that these courses are more economical than those which each agency



would develop using their own resources. There is also an exchange between our staff and the agency staff that we did not have before. There is a give and take on ideas, research, and application of new knowledge and skills to nursing care. Our faculty learns from the practicing nurses while the practicing nurses are learning from us. In turn, agency personnel bring to light new issues and problems which have implications for research and education in the University.

Several trends in Continuing Education in nursing have been identified. All of us in nursing education are responsible for the continuing development of Continuing Education for nurses as are the institutions of higher learning, the employers of nurses, and the nurses themselves.

Steps must be taken to solve the funding problems apparent in 1973. The need for collaboration of all health disciplines and coordination of local, regional and national efforts takes on increased significance in the future to assure quality, quantity, and appropriate geographic distribution of continuing education courses. Practicing nurses will then have the opportunities to continue their education in their home communities as well as at institutions of higher education. The purposes of Continuing Education are to offer educational opportunities and experiences to nurses which will improve their abilities to deliver patient care in their present job; prepare for a new or different role or develop their potential for self-growth. We will continue to explore ways of doing a better evaluation of continuing education

programs, courses, and the growth of participants. Hopefully the future will bring more objective evaluation tools than we are using at the present time.

### *Summary*

After years of neglect and "second class status," Continuing Education in Nursing is finally coming into its own. In the past few years, university administrators of schools of nursing, professional nursing groups, and organizations have given increasing recognition to continuing education. In some states continuing education as one condition for nurse relicensure is mandatory. The majority of states offer recognition for nursing competence through continuing education on a voluntary basis. The adoption of the continuing education unit by many state nursing organizations for the measurement and evaluation of continuing education courses and activities will provide a mechanism for tying together many of the loose ends in recording and utilizing their continuing education units from state to state as nurses move from place to place.

Continuing education in nursing is a comparatively new field and is still in its infancy. Nursing now has an opportunity to direct more resources to continuing education and secure more widespread participation by practicing nurses than ever before. The rapid changes in the delivery of health care and the public demand for more extended and improved health care have made continuing education in nursing an obligation of every practicing nurse. The unequal distribution of health personnel (in some areas a dearth of physicians

and nurses exists) and the recent trend requiring health personnel to give evidence of continuing competence through continuing education make the provision of continuing education opportunities for practicing nurses imperative. Continuing education courses must be offered to nurses where they live and work. These imperatives require intelligent attention and reasoned action of directors of continuing education in nursing, as well as the professional nursing organizations and the nurses who are the consumers of the continuing education offerings. All of these changes and trends place continuing education in a crucial role. Continuing education has become so necessary that it must be accepted as a human right and social need.

To insure that right and meet the needs of nurses, continuing education must achieve coalition between nursing, medicine, dentistry, and other health care fields in the development of new structures for administration and financing. Interdisciplinary programs must be established to avoid duplication of effort, time, and money, as well as to assist in the creation of a team approach to health care. It is necessary that resources of libraries, public and private school systems, clubs, organizations, universities, community colleges, and concerned individuals be pooled.

Nursing must provide the national, regional, and local leadership that will be needed to attain the joint effort and coordination necessary to provide a continuing education program for health professionals. This effort will assist these health workers to extend their horizons and to im-

prove their performance and decision-making skills.

There is a consistent pattern. Continuing education courses begin with an assessed or felt educational need of a group of health professionals. The staff, resource persons, planning groups, and participants then set the goals of the course and establish the specific objectives. From these objectives the course plan and learning experiences are developed. The course plan is then ready for implementation, and resources, human as well as material, can be selected and prepared. During the entire process, evaluation of the effectiveness of the course, participants' growth, and behavioral changes must be kept in the forefront. Evaluation uses the specific objectives as the criteria. After the evaluation has been accomplished, the entire process is then recycled.

Emerging patterns of continuing education in nursing are beginning to create the outlines of future forms, structures, and content. The focus is changing to one of a lifelong learning system for everyone, including the youth.

Contract continuing education, in which the school of nursing continuing education service (producer) and an organization or health service institution (consumer) mutually agree upon curriculum elements, class size, student population, instructional forms, location, duration, and budget on an ad hoc basis and implement the course together are being tried successfully. Together new consortia arrangements are being developed by continuing education services of a school of nursing and the staff devel-

opment department of a health service agency. Consortia arrangements for continuing education in nursing on a state, regional and national level are emerging.

Most important of all to remember is that we are in the people business and that development of human potential must take priority over control of human behavior. The gravest issue we face today is ourselves and our attitudes. A positive attitude toward the contribution we can make whether it be toward giving direct patient care, administration or in programming the teaching of other can exert a direct influence

on the quality of health care delivered to the consumer. Without continuing education nursing has no future.

Whatever those of you concerned with nursing education have already done or plan to do about Continuing Education, the challenge is great and the ways and means of designing and offering continuing education to your graduates and the nurses in your region are only limited by the initiative and creativity of you and your organization or institution! Have a happy continuing education experience.



Presented with Centennial charms for having come the greatest distance are Florence Nagao Stanley and Jennie Chang Ernst. Presenting the charms is Madalene Brown Calogiro. (Photo #162)

# Federal Legislation as it Affects Nursing Care

*Miss Constance Holleran*  
*Deputy Executive Director*  
*American Nurses' Association*

In preparing this paper I reviewed a number of source materials to get some perspective of the world of health, politics and nursing in 1873 as compared to 1973. Some historical review is necessary if we are to appreciate the position of nurses and nursing today.

Sara Parsons, in her history of the MGH School written in 1922, reported its early rules and regulations, the Board structure and the various standing committees that met regularly. Therefore, based on my own experience I assume there was a certain "genteel" politicking even in those early days. Mr. Lawrence yesterday referred to the determined efforts of the organizers of the School. That could be called lobbying, perhaps. The family names of many of those involved in the beginnings of the school are still heard in these parts and certainly are familiar to all of us because of structures and streets named for members of some of those families. Codman, Brimmer, Richardson and Parkman are examples.

Support of community leaders is still important and helpful in starting a new venture and the selection of committees, boards and commissions at the federal level is handled care-

fully to assure public acceptance of the recommendations and sometimes even to assure that the outcomes desired are in fact attained.

The history of the MGH, of course, is closely tied to the history of Boston. Robert McCoughey in a recent article in the Political Science Quarterly, focused on Boston in the 1820's, the time when the hospital received its earliest patients. Josiah Quincy the mayor at that time was mentioned as being "caught in a classical squeeze between demands to economize and demands to expand public facilities." So it appears that the pressures on government for services has been constant, only now we speak of it as the issue of national priorities.

I am slowly moving toward the subject of this paper, but so far all you know is that I think politics of a type was involved from the earliest days of the school and that public pressures are important in the decision making of public officials. I hope you also will share my assumption that yes, even in these Watergate days, politics and the political process are important. There are many very fine, dedicated people participating in that process though we may give little credit to them.



Dr. Bert Brown, the director of the National Institute of Mental Health, calls himself a political psychiatrist which he refers to as "a bi-polar interplay—between power politics or political dynamics and science or substance."<sup>1</sup> I think he puts it well. The inter-relationship is very important. I am still working to become a *political nurse* and hope to make 750,000 others more interested in becoming the same. You may have seen the August issue of *Ms Magazine* which had rather an extensive article on nursing and its developing political activities. It is a direction in which I feel we must move more quickly.

The latent political power, or the Washington term "clout," of the nursing profession as a whole is so great. If mobilized effectively nurses could be the most positive and listened to group and thus could have a major say in the direction of health care in this country. Since we tend to think of ourselves as concerned about the availability and quality of health services perhaps we need to ask aloud why we are so much less involved in national issues percentage wise than some other health groups appear to be. So often we object to and react to legislative initiatives rather than propose and promote our own.

Here perhaps is the time to get into the impact of federal policy on health care and health practitioners.

Let's start with the Social Security Act of 1935.

Julia Thompson summarized the years of activity relating to the Social

Security Act in her recent book "ANA in Washington." In 1935, ANA relied on volunteers to cover the Washington scene. Julia was our first Washington office director and she arrived there in 1951.

The first Social Security Act provided a very minimal maintenance income for those 65 years old and over. Though not directly health related it did provide some possibility of older people having funds for food and medicine. Interestingly enough, employers of nurses, mainly hospitals, fought the idea of their contributing to Social Security payments. They questioned the appropriateness of patient fees being used for such things. Those of you working in the 30's must really think we've come a long way.

Later versions of the Social Security law provided for disability payments and other services and finally in 1964 the first Medicare provisions were enacted. Nursing was the only health profession group to really support Medicare. As a result things were a little rough on nurses and ANA at that time.

We need to remind ourselves that ours is one of the few industrialized nations that still does not have a comprehensive national health services program.

The 1972 Social Security Amendments added several items affecting health programs of interest to nurses. Nursing homes staffing requirements was one of these, and I will speak to that later.

Another has to do with financial reimbursement for services provided

1. Bert Brown, *Mental Health in the Future* — The Annals of the American Academy, July 1973, p. 64.

by other than physicians. One proposed amendment would have reimbursed for services provided by physicians' assistants. At that time there was no standard method of preparing physicians' assistants. Courses range from on-the-job training, to three month course to full college programs followed by a preceptorship. We urged the Senate Finance Committee to look carefully at the implications of such a flat position and we *urged* that consideration be given to reimbursing for services provided by nurses. We ended up with a compromise, that of demonstration projects to study the effects of reimbursement of services of physicians' assistants and of nurse practitioners. At least this gives nurses an opportunity to show what services they can provide, at what cost and with what effects. The costing issue is the one of major concern to the Congress. The whole topic of nurse practitioners is one that has caught the imagination of the Congress and HEW. At the rate we are going, government will determine these roles rather than the nursing profession; unless we speed up our activities.

It sounds easy to talk about getting compromises, changes in legislative language, etc. However, in reality it means digging out facts, presenting them to the staff of the Congressional committee, communicating concerns to the state nurses associations, requesting their help and that of their members by writing, visiting or calling their own members of Congress. Congressmen are not *as* interested in hearing from the general public as they are to hear from their own

constituents. For the most part, the reaction back home is a major consideration in Congressmen reaching a decision. Nurses were most responsive last year to the proposed changes in Medicare provisions, and that really is why we were able to get the changes (in a modified version) that we sought.

I understand from some of the ANA staff that were around during the sixties that the government relations department had a fairly steady pace with only a few crises. Attendance at White House bill signings did occur, and Julia even went on the Presidential plane to Independence, Mo. for President Johnson's signing of the Medicare Bill in former President Truman's presence (since he had long advocated such a health bill).

Well in two and a half years in the Washington office I have yet to attend such a signing. In fact, I now hint that a pen from a veto signing might be nice — but no luck even on that.

More recently the health legislation committees in the House and the Senate have become much more active. I arrived in ANA's Washington office on January 4, 1971, the first day of the 92nd Congress. The House public health and environment subcommittee had a new chairman, Congressman Paul Rogers from Florida. The Senate Labor and Public Welfare Health Subcommittee also had a new chairman, Senator Edward Kennedy of Massachusetts. Those are two of the key committees for health affairs. I can only say it has been one mad rush to keep up with both of them.

The day I arrived we discovered that on the last night of the previous Congress (which instead of adjourning before the election as is usual, met right up to New Year's Eve — its legal limit) one small section of the Social Security Amendment Bill (which had no hope of passing as a total package) was pulled out and passed on a voice vote. That section said that hospitals of 50 beds or fewer in rural areas would not have to have an RN on duty around-the-clock to be eligible for Medicare reimbursement. Now all of us here know that those are exactly the places where accident victims are brought and also that they are the hospitals without house staff physicians. We did urge the President not to sign the bill, pointing out that there had been no public hearings on the issue, and also pointing out the potential dangers to patients. For awhile it looked hopeful, as days went by with no word of his signing the bill but finally it was reported that he had indeed made that provision into public law. Had I known then what I know now about Washington we would have had a different result I feel sure. But it does prove the point that the legislative process is unpredictable and full of possibilities. So it pays to master the process, and its many intricacies, — have adequate staff and keep your fingers crossed. In checking out why that one item was handled as it was, it turned out that a senator, very influential in health matters who had been defeated in November, was pressured by a group of owners of profit making, small, rural hospitals in his state to see that their special interest was met

— and — he did. If you are interested in this type of thing I recommend a delightful new book "The Dance of Legislation" by Eric Redman. He follows one piece of health legislation the "Emergency Health Personnel Act of 1970" through from start to finish. It was enacted in that same last minute rush of the 91st Congress in 1970.

In my time on this job the Congress has held hearings, passed or is still considering health legislation on hundreds of topics. Some examples are research training, HMO's, (health maintenance organizations or group practice) alcoholism, drug abuse, sudden infant death syndrome, sickle cell anemia, nutrition, the health needs of the elderly, national health insurance — at least to get it stirring although as a topic it will be pending for another year or two or more. They have also looked at emergency medical services, health manpower needs (the Nurse Training Act was one important outcome of that interest), regional medical programs, community mental health centers, cancer research and hundreds of others. Nursing is concerned with all of these in one way or another. However, we need to concentrate our legislative energies on those issues that nursing is best prepared to speak to effectively.

We worked hard to ensure that nurses are to be involved in the planning, development and conduct of HMO's. Hopefully, nurses will get themselves included in the governing unit of those organizations. (It will not be an easy task.)

The whole issue of having third party payment for nursing services is

one we are working on. It is a very important issue. Nurses themselves as consumers can help focus attention on this topic by negotiating for inclusion of such coverage in their own group health insurance plans. Nurses also must become board members of local and national health insurance companies. The imbalance of those boards must be brought more forcibly to the public's attention.

You may be wondering what we do to influence legislation or other aspects of national health policy. I use the word influence purposefully as I think it can be a positive thing. If we have expertise it is important to use it appropriately. No doubt you all read of the testimony that is frequently given. That is fine for the record and for public purposes and at times if you have really good suggestions they are heard there. However, public hearings are only one very small part of the whole. On a day-to-day basis our work is with the committee staff. We meet with them frequently and informally to discuss the pros and cons of the issue. They ask us very tough questions for which broad general statements are not enough. We have to have hard facts, be able to support our contentions with data, examples, study reports and the like. If we make a good case we usually can get what we ask for provided that we really go to bat for it and that we get there on time.

I should mention too that getting legislation passed is only one part of the struggle. The funding of health programs through the appropriations process is a constant effort. Completely different congressional com-

mittees deal with the HEW Appropriations bills. Therefore you have a long drawn out process that really never ends. Last year, for example, the Labor-HEW Appropriation Bill was twice vetoed so we never had an appropriation for fiscal year 1973 that ended on June 30. As a result the funding of health programs was a constant battle. And it is still unsettled, because more than a dozen health groups have law suits pending against the Administration. All of this of course takes time and money and raises the frustration level of the health lobbyists. Not many of the groups by the way are openly lobbyists. The tax laws really hurt those that register as lobbying organizations, but ANA has long been so registered which gives us freedom to be active, open and visible. Of course those advantages have to be weighed against the loss of foundation grants and tax deductible contributions. That you see is why so many people in Washington get nervous when they hear the term used. Quite recently the I.R.S. seems to be watching some of these groups more closely.

Another recently enacted law has some very important implications for the future of nursing practice and for all the other health disciplines. That is the Professional Standards Review Organizations referred to commonly as PSRO's mandated by the Social Security Amendments of 1972. While currently only physicians' services are to be serviced, it is fairly certain that this is only the first step. I should say though that "health services" are covered and some people are already trying to interpret that to mean any services provided under the direction



of or by order of a physician. The purpose of PSRO's is to review the services of physicians seeking reimbursement from the government for services rendered such as for Medicare patients. The intent is to cut out unnecessary services and to control costs. Items such as the number of physicians visits, effectiveness of the drugs prescribed, necessity of lab procedures and surgery done will be reviewed by a designated group of physicians. Medical societies have been very concerned about this legislation and I think they are right to be giving it a high priority.

Nurses, too, need to be thinking about this for if next year we were to have all of our services scrutinized by our peers would we be ready? I think the need to move quickly has been recognized and guidelines are now being developed but it had best be done soon. Nurses sometimes have a tendency to ask the Congress to be sure they are included in things but that is when they ask us: "What have you done on your own in this matter?" Peer review is one such example. Medicine at least has had its pathology reviews, some form of review by the county medical societies in questionable cases and in other ways. In nursing we sometimes have done evaluation of *nurses* but not objective review of the *nursing care* involved and its specific results on care. The potential of such a development in improving care is very real. So is the potential for outside control of nursing practice. How it is developed is up to all of us.

Care of people in nursing homes as I mentioned earlier is another topic of continuing interest in the

Congress. In spite of their names, nurses on the whole have not been very vocal about conditions in those settings. The staffing needs, safety factors and quality of care are all things nurses should be speaking about. Some nursing homes are excellent. Unfortunately others are far from it.

Recently the new Federal Regulations for skilled nursing facilities were published. These will determine which facilities will be eligible for reimbursement for care of patients covered by Medicare. The proposed regs do meet the letter of the law at the lower limit. The ANA, Council of Senior Citizens, and many other concerned groups objected to the proposed regulations pointing out that requiring only one RN on staff for just 5 days a week could hardly be considered realistic if *skilled* care is to be provided. The danger is that the minimum standard often becomes quoted as the maximum required. The size of the facility, and the physical condition of the patients are only a few of the many factors that were ignored. In addition to responding to the published material, our staff is working with other interested groups and congressional contacts. We are hopeful that the Senate Subcommittee on Aging will soon hold special hearings on the nursing home regulations. It is a great opportunity for nursing to make a clear case for what constitutes safe care and what impact registered nurses can have on the quality of care provided. I hope you will be hearing much more about this.

I should mention too that we meet on a regular basis with staff members

and leaders of the executive branch, especially HEW, to discuss areas of mutual concern. All of our efforts are not with the Congress. The implementation of laws is also important. We work with the Secretary of HEW, the Assistant Secretary of Health, the Office of Management and Budget, the V.A., and military services. In just the past few weeks we've met with the health advisor at the White House to discuss the potential HEW Appropriation veto, the chief nurse of the Public Health Service, the Director of the Division of Nursing, the Commissioner of Aging, and many others, for all of these people are important in the development and execution of federal health programs.

HEW has undertaken several studies that have implications for nurses. One was on licensing or credentialing of health personnel — another on malpractice.

As a follow up of the licensing study, HEW is now funding two projects to study the feasibility of institutional licensing. Nursing has opposed these studies partly because there are so few real elements of research built in. There are no comparison studies or plans to duplicate the same study in other settings. Overall it's a lot of money at a time of cuts for other health programs and with unclear objectives for the long run.

Both the licensing study and the malpractice report strongly indicate that nurses and other health personnel are going to have to keep themselves up-to-date in their field. Continuing education eventually, I think will come to be expected as a

requirement for practice. There is talk, as Mrs. Popiel told you, of it being a requirement for license renewal, but that is probably not likely if other mechanisms are worked out by nursing itself in time.

Sometimes things happen so fast in Washington that we have little notice, such as hearings scheduled at the last minute or votes scheduled earlier than expected. I guess this has been going on for years. Stella Goosetray in her "Memoirs" mentioned that she and Ruth Sleeper were called at 6 p.m. one evening in 1944 to come to Washington for a hearing the following morning. They went by night train (a 12 hour trip) which tells you something about those two. I'll have to remind myself of that when I complain about flights delayed by an hour.

Much of our work is mundane, really not at all glamorous as many seem to think. It's in the office early, stay late and carry home reading materials fairly often. We must monitor many publications to anticipate trends, identify bills that must be reviewed, hearings to be held, interests of other groups that relate to ours and similar things. We also attend a fair number of meetings.

Of course it is always the one newsletter you were late reading that has the urgent news. Information overload and slow mail out (not in — only out) of Washington are constant problems.

Federal legislation does have a great impact on all practicing nurses. In other ways it affects each of us and our families. For example the research programs of N.I.H. have greatly affected health care and the

publics expectations in this country. The mental health programs including alcohol and drug abuse programs affect our community as a whole. The Food and Drug Administration's programs of drug evaluation and the now currently being studied medical devices bill to assure safety standards for pacemakers, I.U.D.'s and other items that come into common use. Interestingly certain programs trends seem to develop when money is available. Some people, in fact, seem to almost contradict what they claim is their position, when money for something becomes available. It is a temptation and requires careful analysis.

Of course the major item that we seem to be moving towards fairly rapidly is some form of national health insurance. Such legislation can affect staffing patterns, services to be provided by nurses versus others, licensing of health personnel, economic factors affecting all health workers especially if we should end up with a national health *system* versus an insurance program. Miss

Friend, I'm sure can tell us about the difficulty in getting nurses salaries raised in Britain. Nursing curricula could be affected as could manpower supply and several other things.

I do not want to bore you with details, but I hope I have been able to give you some ideas of government activity in the health field and why it is important for nursing to be there in full force.

The true effectiveness of our efforts depends on the follow up by each of you.

If I've made you think it is a frustrating job — at times it is. If I convey the idea it is fun — it really is — at times.

The only thing I think it isn't is glamorous.

Thank you for giving me the honor of being on this program observing the 100th anniversary of the MGH and of Nursing Education in the United States. I hope we can all be around to see Nursing Education when it is 150 years old.

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### ✓ *Photographs of Centennial*

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# The Emerging Role of the Nurse in Practice

*Miss Mary E. Macdonald, Director*

*Department of Nursing*

*Massachusetts General Hospital*

During the past two days you have had the privilege of hearing and reacting to the papers of seven outstanding speakers, one a historian and six nurses of national and international repute, who have addressed themselves to the multi-facet theme of the Centennial Celebration: The Social Impact of Nursing — Past, Present and Future.

Anticipating in advance that the every present exigency back home on the ranch would result in less than perfect attendance on my part at the preceding sessions; and appreciating full well the doleful fate of a repetitive closing speaker, I have elected to personalize my comments by relating them to my present experience as the director of the Department of Nursing in that institution in which the majority present took their first pre-professional steps and from which we emerged on our respective professional sally.

I have interpreted my assigned topic then: The Emerging Role of the Nurse in Practice, as “MCMLXXIII — quo vadimus” translated “1973 whither goeth we?” My first response to such a query is blatantly simplistic but in my opinion quite appropriate and it is, “That all depends.” Our professional future as well as that of the other health professions including medicine. will be influenced by the emerging health care needs of the people we are committed to serve, and the nature and scope of the health care delivery system on which the majority of these people will place a high value; hence will be willing to support. Lastly, our individual and collective ability as members of the nursing profession to meet the ubiquitous challenges of survival in a rapidly changing market place. I refer here to the social, the political, the economic forces in the larger health care arena which demands that we extend our sites beyond our respective professional and institutional perimeter and address ourselves to the issues of appropriate preparation, equitable deployment and rational utilization of available health manpower; to the end that the health care needs of all people who need it, as contrasted to the needs of the privileged few who can afford it, will be met.

A retrospective review of history, in general, seems to support the premise that it has been the conservative successors of revolution who have constructed practicable improvements from the dreams of idealists. The initially cautious becoming accustomed to the custom of reform, become the technicians of



orderly change. I look upon the decade of the 60's in this country, as one of cultural revolution and one from which among other things a profound philosophic change emerged in the acceptance of the fact that health care is of vital national interest. It seems to be a rather well established fact that access to adequate health care in America in the remainder of the 70's and thereafter; can no longer be a negotiable item, a mark of privilege, a circumstance of ones residence, or of ones ability to pay. Past and pending health and social legislation, at all levels, would appear to give credence to this premise. A notable assumption behind most of the legislation in the 1960's was that if something was worth doing it should be done by the Federal Government. As a result we witnessed a state of federally sponsored and funded programs and proposals which had as their goal the provision of comprehensive and effective health care to some segments of the population, to the point where better than 35% of the seven billion dollars now spent annually for health in this country comes from the federal coffers, and pending legislation points to an even larger federal financial role. At this point in time; however faced with the dilemma of rising fiscal deficits and with 87% of the HEW budget as uncontrollable, including Medicare and Medicaid, the options open to the Federal Government have become limited and a significant switch in role has been executed by a cost conscious administration. The new emphasis is on radical reform of a patchwork of health services in both the public and the private sector. The concentration of the hour on the part of the government agencies is on enforced control — control of cost, control of delivery systems, and control of quality. The pre-occupation of the hour on the part of providers of health services, i.e. the MGH, is with the burgeoning litany of regulations emanating daily from voluntary and governmental regulatory agencies which shake the very foundation and raise many real questions as to the continued existence of the health care delivery system in which and with which we have grown-up.

As cases in point, first on the subject of the control of costs.

1. Are you aware that Certification of Need legislation has been enacted in 22 states including Massachusetts and is pending in 6 other states. The Massachusetts statute makes mandatory prior review and approval by a state governmental council for all plans for construction or reconstruction in excess of 100 thousand dollars. At an earlier homecoming, I reported on the costly delay which this regulatory mechanism inflicted on us in relation to the construction of the new radiation therapy building. Just recently we met the same experience in our bid for approval for construction of patient care and other facilities in the new Gray Building. In fact, after much delay, the plan for the move of the Bulfinch Medical Service to these new quarters was approved but a plan for a floor of doctor's offices and a medical engineering department facility was denied. Even such improvements as the air-conditioning of our dining room, requires state approval.

2. Are you aware that stringent controls set by state and federal regulating bodies now limit the number of new positions that can be created each year in our institution, regardless of the increased demand for service by the public

we serve. This year only 500 thousand dollars, and that includes all departments, can be expended for this purpose. (I asked my group to give me the number of nurses that they would need to add to adequately take care of the patients that we are now admitting to our units. I thought that Dr. Sanders would be a patient on the stroke unit because it came back 1.4 million dollars; with only 1/2 million available for the entire institution in terms of new positions.)

3. Also, any change in the daily room rate, at least that part to be reimbursed by the third party payers, must be approved by a state appointed rate setting commission. Again, on November 1st, under the aegis of Hospital Utilization Review Commission, a system of length of stay surveillance will be inaugurated for all patients, a process formerly limited to Medicare patients but now to include Medicaid and other patients covered by private third party policies. A staff of 8-10 nurse coordinators are in the process of being recruited to screen all admissions and to review their respective length of stay on a prospective as opposed to a retrospective basis. A standard norm per diagnosis will be posted on the record of each patient within twenty-four hours of admission. The attending physician will have to justify any request for an extension and get prior approval from a designated physician preceptor. Failure to conform will result in disallowment of the hospital cost by public or private third party payers and the hospital and/or the patient stand in jeopardy as regard payment of the bill.

4. Paternalistic type of welfare medical services along with cost and underwriting of health care agencies are to be totally abandoned. Providers will be reimbursed only on the basis of paying for the cost of specified service the give to patients. This system of reimbursement will require a drastic overhaul in the operation of the various medical teaching services. As of October 15th, in order to be eligible for reimbursement, a physician (the statute states, "not an intern or a resident, except in the case of an emergency admission") must have seen the patient immediately prior to admission and must follow him regularly during his hospitalization. (On Tuesday evening there is a Mass Meeting of the physicians staff to arrive at some decision as to what is going to be done with our current teaching service. As you know they are under the direction of Chief Residents who are excluded in this statute.)

5. The cost and underwriting of educational programs conducted by the provider, in this case the MGH, are to be abandoned. Sources of revenue other than patient care dollars will have to be found. In Pennsylvania, Insurance Commissioner Denenberg, the Ralph Nader in his field, has already implemented his concept that health financing is the best available means to control and modify the health delivery system. (At a meeting the other day I heard a nurse educator state, that since his advent in Pennsylvania, 44 diploma schools have closed their doors.) This move has major implications for revamping the funding mechanism for medical, nursing, and for other educational programs offered in our institution.

Because of the limitation of time I will leave the subject of cost control

and move to the issue of quality control. Again, I would ask are you aware that enforced quality programs are being generated from a number of voluntary and Government sources. Programs that leave the provider no choice, at the risk of loss of accreditation or licensure status. The initial impetus in this area of control came from Medicare legislation in the mid 60's. This required the formation of utilization review committees by any provider who would seek reimbursement from Medicare funds.

It has been fascinating, in the last 6 years, to witness the positive influence in this regulatory process on the improvement of the quality of care rendered in this institution. A retrospective review of discharge records has now been abandoned in favor of prospective review by peers of patients during their hospitalization; thus making it possible to initiate corrective action before the patient leaves the institution. It has been equally fascinating to witness the increased power and clout on the institution's operation, on the part of the Joint Commission on Hospital Accreditation and the Division of Licensure of the State Department of Public Health. The procedure has grown from a cursory tour of inspection of the hospital facilities to an in depth examination of its organizational structure, its policies and its practices. Now, with this new process which started about 4 years ago, we start preparing for the visit a year before the team comes. It requires lengthy review and production of a great deal of material. Let me tell you every Chief of Service and every Administrator is on campus the three days that each of these groups come. Last year we had them back to back and by the end of six days I don't have to tell you about our state.

A delineation of accepted standards of care are now required of both medical and nursing services. The review by these bodies include examination of medical records in the light of our stated standards. It may interest some of you to know that the state licensure requirement now includes a written nursing care plan for every patient admitted for seventy-two hours or more. It was this requirement that clinched the long running battle with our physician colleagues as to whom the medical record belonged. I don't think they are happy about it, but at least there is agreement that the medical record exists in the interest of the patient. Since November 1972 nursing histories and patient progress notes, written by nurses, are part of the permanent record. We are fast at work with the task of implementing a nursing audit system on the respective nursing services of the institution. In the days ahead I feel certain that these outside controls will do much to erase any remaining lethargy and/or chauvinism in the ranks; in as much as the penalties are tied in with the loss of the right to admit and care for patients on our various services and the right to be reimbursed for this care.

Miss Holleran referred to the most recent piece of legislation to spur further action in the area of quality assurance and that is the one which refers to the establishment of the P.S.R.O. or the Professional Standard Review Organization, which must be effective in all states by 1975. If they are not

effective by that time, the Federal Government will establish its own. This lag time give the medical profession opportunity to organize themselves to regulate the quality of medical practice. Again, it has been most fascinating to witness this state of recent activity, to develop such peer review mechanisms that will be acceptable to the Secretary of HEW. It is eminently clear that accountability for the quality of care is high on the Government litany and that the message has been heard by the institution's politics.

I have left the issue of the control of the health care delivery system to the last because at this point in time it appears to be the most nebulous and the least well defined. It appears to me that the general frame of reference in which change is being considered in Government circles, gives high value to the premise that the health care crisis is due not to the failure of individual practitioners or professional groups but rather to inherent weaknesses in our present fragmented health services and in the economic incentives that motivate providers. The question of the hour is, how can the Federal Government precipitate change without forcing the health industry into an arbitrary organizational blueprint which subjects providers to some kind of rigid central control, and without eliminating the element of consumer choice and its positive influence on the behavior of the provider. The strategy to date, seems to be that of devising incentives that will encourage the providers to make needed improvement in the delivery system in response to consumer needs and demands.

One incentive that appears high on the list is the Health Maintenance Organization or the HMO. This is a generic term applied to any organized system of health care that provides a full range of health maintenance as well as treatment services to a voluntary enrolled population in return for a fixed sum of money that is agreed upon in advance. Currently 150 thousand small firms, if you will, consisting mostly of a single physician and office staff, constitutes the core of the current health care delivery system. If the HMO were to become the dominant form of health delivery the number of these firms would be reduced to 10,000 each serving a minimum of 20,000 people. It is not a new concept, it has been in existence for 25 years. This type of organization now covers 8 million people in the United States and that is equal to the entire Swedish health system. The largest and best known in the Kaiser Permanente which is the world's largest non-governmental medical organization. The Government has shown some interest in pushing this model and an appropriation of 4 billion dollars, over a three year period, was requested. (I've heard it described as a "supermarket of health" where you go and pick off the shelves what you need — preventive, curative, or rehabilitative.) The important thing is that these HMO's will compete with existing providers.

Going back to my opening comment, "That all depends", let's look at what might be some of the predicted changes. Certainly if this becomes a very common pattern, there would be a reduction in hospital beds. Facts show that now the average is 4.1 hospital beds per thousand patients, in the HMO system this drops to 2 beds needed for a thousand people. It certainly would



require changes in educational emphasis because 60-70% of the physicians would be primary caretakers. Today less than 30% of physician manpower is engaged in this pursuit. Certainly it would mean more care delivered in ambulatory settings — providers will be paid for maintaining health. A child, if you will, would come to a center for health care and not to see a pediatrician. It certainly will legislate a complete change in the portal of entry into the health care system and its primary goal — which is to maintain health. I don't know about the success of this type of system because health is really not a highly valued commodity in our society at the present time; until you lose it.

The basic strategy behind the incentive move is to place current providers: hospitals; private practitioners; individual neighborhood health centers; state, local and voluntary health agencies in competition with one another. They will be paid for the service they give to the individual patient. Obviously the carrots will go to the most efficient and only they will survive. So, it is in the market place that the viability of such federally funded concepts as the HMO's and community health agencies will be tested, with strong emphasis on efficiency of management and cost control.

A second example of the move to control the delivery care system is found in the recent ground swell from outside the professions for institutional licensure, as was noted by Miss Holleran. Institutional licensure has existed generally for almost 30 years but it has been related to facilities rather than to personnel. The current issue, one that concerns or should concern all nurses, is whether personnel credentialing or licensuring should be a part of the institutions responsibility, under the generalegis of the State Licensing Authority. In essence, institutionally based health workers would be regulated by that institution within bounds established by the state institutional licensing bodies. One of the most overt attempts to force through such changes and to initiate a form of institutional licensure occurred right here in this Commonwealth in the spring of this year, in the form of House Bill 6120. Some of you will recall its provisions, "that a health systems regulation administration be empowered to set standards for the control of quality, cost and distribution of health care personnel and that boards of registration of the health care disciplines would be abolished." What is frightening is the lack of knowledge and interest on the part of individual practitioners and providers regarding such legislative reform moves. If it had not been for organized nursing and the individual nurses in this Commonwealth, I'm afraid that certain parts of H-6120 would have had us in the position where Miss Holleran has asked us to be sure to keep out.

In summary, let me say that I have tried to describe some of the emerging external forces which are forcing us right here at home: doctors, nurses and administrators to change our "modes operandi" in the interest of continued existence. Instead of ruminating on those talked to death issues with which we have occupied ourselves for so long: nursing's identity and direction, the direction of diploma vs other educational programs, the expanded role,

standards of care, peer certification, etc.; I have tried to give you an idea based on factual data, from home, of the nature of the atmosphere in which these decisions will be, are being, and have been already been made. It is high time we stopped talking about our problems and did something about them. Recognition is one thing, reform is another; analysis is not difficult but corrective action is; questions are easy, answers are not.

I would like to close with one of my favorite stories that I think is very appropriate for nursing and for our part in the 100th Celebration. It is about the processionary caterpillars. Processionary caterpillars feed upon pine needles. The move through the trees in a long procession, one leading and the other following, each with his eyes half closed and his head snugly fitted against the rear extremity of his predecessor. Jean Faberge, the great French naturalist, after patiently experimenting with a group of these caterpillars finally enticed them to the rim of a large flower pot where he succeeded in getting the first connected up with the last one; thus forming a complete circle which started around in a procession which had neither beginning nor end. The naturalist expected that after awhile they would catch on to the joke, get tired of their useless march and start off in some new direction, but not so. Through sheer force of habit, the living creeping circle kept moving around the rim of the pot; around and around keeping the same relentless pace for 7 days and 7 nights. Doubtless this would have continued longer if it had not been for sheer exhaustion and ultimate starvation. Incidentally, an ample supply of food was close at hand and plainly visible but it was outside the range of the circle, so they continued along the beaten path. They were following instinct, habit, custom, tradition, precedent, past experience, standard practice or whatever you choose to call it, but they were following it blindly. Let's not end up like the processionary caterpillars.

## Ambulatory Services at the Massachusetts General Hospital

*Charles A. Sanders, M.D.*

*General Director, Massachusetts General Hospital  
and Associate Professor of Medicine, Harvard Medical School*

It is a great privilege for me to address this distinguished group on the centennial anniversary of the School of Nursing. As you know, it is the oldest of all the educational activities based at the Massachusetts General Hospital with the exception of the affiliation of Harvard Medical School which dates back to the founding of the hospital in 1821. The Nursing School was begun in times of great change in this country, not unlike the difficulties that we now face. In 1873, medical care was becoming more organized, more could be done for the patient than ever before. The country was reunited, the West was being opened, there was great wealth to be had for those intelligent enough to take advantage of the opportunities and strong enough to carve a niche for themselves in an often hostile environment. The ability to grow was unlimited; there was nothing that the country could not do — but I should also add that there were none heard asking questions as to whether what we were doing should be done in the first place. That was clearly too much to be expected in the era of the rugged individualist; indeed, too many questions or a more cautious attitude might have so enfeebled us that we would have ended up with several small countries rather than the one great one of which we are so proud. In the 1870s, Boston apparently had many of the same characteristics as it does now. It was the center for education, health, culture, and business. People came to learn and then left for other parts of the country and the world to take up positions of leadership, which had the obvious effect of amplifying the influence of Boston many times over. In those days, also, I suspect that things were highly competitive; many wanted to stay here permanently, but there simply was not enough room for them. In my generation, we have called this the “Boston disease”. To illustrate the constancy of this environment, let me quote the impressions of Miss Georgia Sturtevant, who came to the Massachusetts General Hospital as an Assistant Nurse during the Civil War: “One thing a stranger in Boston is quite sure to be told, at almost every turn, is that the ground on which he is treading is not original soil, but that the blue waters of Massachusetts Bay or some of its tributaries once had the right of way over what is now hallowed ground. And he begins to feel that it is not an

easy matter to find a sure footing in that historic city.” While Boston may not change in many ways, if we compare the United States of 1973 with that of 1873, there are some startling differences. The American Dream has undergone some rather drastic alterations. The One World that Wendell Wilkie spoke of in the 1940s is now developing — not through aggression by military force but by simple, coagent economics, compelling all nations of the world to realize that most of us — and particularly the USA — are interdependent upon one another, not independent. We can no longer expand at will; our resources are not keeping pace with our demands; many of our products are not competitive in the world market; our society has become or is in the process of being liberated at home sexually, professionally, politically, and in many other ways I don’t have time to mention. It is no surprise, then, to find that we are in the midst of a dollar crisis, energy crisis, racial crisis, sex crisis, environmental crisis, food crisis, Constitutional crisis, and goodness knows what else! America is in transition along with the rest of the world. We still are the richest and without question the most idealistic nation in the world, although perhaps not the best behaved at times. But we must begin to plan. We can no longer do everything we want to do. I rather doubt we ever could do whatever we wished, but whether or not we could in fact do something in the past matters rather little. What is important is that we *thought* we could do whatever we wished. Such a psychology is open-ended and unquestioning; and, while it does allow for uninterrupted growth, it does not necessarily entail good planning.

At this point you are surely asking, what does all this have to do with ambulatory care at the Massachusetts General Hospital? A fair question. I shall try to answer it.

First of all, I believe we can learn a lot from our local and national history, not only to avoid making the same mistake twice but also to understand why we are where we are today and how possibly we can employ that knowledge to move realistically in the future. Health care demands enormous resources; resources are limited. We must plan carefully and be influenced by the reality of the time and not totally by our idealism. Obviously, ambulatory care is the major developing area in health care, the largest part of the iceberg which will require the allocation of an enormous amount of our personnel and financial resources.

Let me take a moment to review the development of ambulatory services at the hospital. An Out Patient Department was established at the beginning of the hospital by Drs. Jackson and Warren, who saw their patients at noon on Tuesdays, Thursdays, and Fridays. The volume of these patients gradually increased to about 5,000 people per annum in the mid to late 1800s. Such patients were primarily seen by the private physicians who used both the hospital and the OPD to teach the students of Harvard Medical School. Of some interest to me is the cost of drugs dispensed in the OPD during the first six months of 1858. Dr. Samuel Abbott reported (regretfully, I might add) to



the Trustees that the expense had reached the munificent sum of \$48.21. Nonetheless, no charge was levied for either the visit to the physician or for the cost of prescriptions during this time. In 1865, an OPD section was included in a building with surgery, authorized by the Trustees at a cost not to exceed \$50,000. Those, indeed, were the good old days! The building was finally completed in 1884. The quarters were soon found inadequate, and a new Out Patient Department — the present one — was opened in 1903. House Officers began to be more involved in patient care and their number steadily grew. The OPD was a place of learning and ferment. Social Service originated in the Out Patient Department in 1905. In 1915, Clinic Managers were instituted, consisting of young women volunteers performing much the same activities as young graduates of management schools perform today. In 1920, the first Medical Out Patient Chief was appointed, Dr. Paul Dudley White. He was followed five years later by Dr. Francis Rackemann, who had the temerity to attempt instituting an appointment system. Gradually over the succeeding decades, the House Officers took over the major part of the clinic operation. Specialties grew and staff physicians located their private offices elsewhere in the hospital or outside. The Medical Service staff physicians were required to work in the general medical clinic in the 1950s and 1960s, but this was looked upon by many as a chore — a responsibility to be met to ensure their right to remain on the staff. It is hardly surprising, then, that the generalist, the primary care physician, was not developed during this period, and that we now face a paucity of young men and women interested in devoting their lives to treating general medical problems.

Coupled with this rush into specialization has been an increasing frustration on the part of the public with two areas:

1. The high cost of health care engendered partly by the equipment costs of advancing technology, but primarily by the requirement of more people to service the advanced technology and the development of reasonable wage scales for hospital workers.

2. The inaccessibility of the health care system to the public at large. In order to correct the latter, decentralized health care has been encouraged and supported by the Federal Government in the form of neighborhood health centers. Among the earliest of these was the Bunker Hill Health Center established in Charlestown in 1969 by the Massachusetts General Hospital. It was only through the perseverance and dedication of a few physicians supported by John Knowles and the Trustees that the center was developed and now stands as one of the finest examples of comprehensive health care in the country today. Many segments of the hospital community were not convinced that we should be diluting our financial and personnel resources in this manner — not too surprising an attitude in a group of people who are oriented primarily toward acute care. This attitude has changed as the hospital has reaffirmed its role as a community hospital. More than 80 percent of Charlestown's 16,000 residents are now enrolled in the health center, and many come

to the center from surrounding communities. This past year more than 15,000 patients visited the center, whose budget exceeds \$1,000,000. We are currently initiating a complementary comprehensive health care program in Chelsea, which for the past three years has been limited to Pediatrics. In both Charlestown and Chelsea, the objective has been to complement rather than compete with the health care facilities already present in the community. One of the most exciting things to me about these community centers is the development of the team approach to patient care; the nurse and the physician working together to serve many more patients than either could take care of if they remained in their traditional roles. This cooperative approach goes a long way toward solving the medical manpower shortage we encounter when trying to make plans for comprehensive health care. However, despite the satisfaction of serving these important human needs in these communities, it should be pointed out that the effort is extraordinarily expensive and currently must be funded by private philanthropy and Governmental sources. Only this past year we faced a serious crisis with the threatened withdrawal of Government funds which would have seriously crippled our community programs. This was averted only at the last moment and on a temporary basis. The question of long-term, stable funding still remains for these centers. It has also become apparent that the planning for one community may not be adequate for the immediately adjacent community or any other community for that matter. No



Sharing the picture with Dr. Charles A. Sanders, General Director, MGH, is Miss Natalie Petzold and Miss Ann Cahill. (Photo #188)

two communities are really alike. Chelsea and Charlestown differ markedly as to the medical needs, average income, ethnic background, and a host of other factors to be considered in delivering health care. Many problems are socio-economic in origin, although the health care system is called upon to assume responsibility for them. For example, problems with lead poisoning, dental caries, and malnutrition would all be lessened if the average income and the level of education in any given community could be increased.

So when we glibly talk about comprehensive health care on a national or local scale, let us remember that our resources are limited, that "comprehensive" in the broadest sense means remarkably large allocation of funds, and that planning should be done for the individual community to meet that community's peculiar needs. In this manner, both personnel and financial resources will be wisely expended.

Within the MGH itself, we are fostering a group practice in the Medical Out Patient Department which represents our attempt to reestablish the generalist within the hospital. If this group continues to develop with the promise it has shown in its first year, it could serve as the basis for a hospital-wide group practice relating closely to the neighborhood health centers. A primary House Staff program has also begun, emphasizing training in the setting of the OPD and Emergency Ward. Another new and exciting program is the Adult Nurse Practitioner Program fostered by Ruth Farrisey, R.N., and her colleagues, and now under the immediate direction of Dr. Ann Baker. This program is oriented toward training graduate nurses to assume greater responsibilities in a setting where they are currently employed.

This is an all too brief description of a few of our ambulatory programs, but I believe you can sense easily the atmosphere of change. Recent health legislation, Public Law 92-603, is also lending great impetus to this emphasis on ambulatory care, while at the same time making doctors more accountable for their actions and stimulating hospitals to provide a single standard of care throughout. In talking to one of my conservative colleagues the other day, it became all too evident that he was dreadfully unhappy about the whole thing. While I sympathize with many of his concerns about increasing Governmental control, many changes should be made — even at the MGH. We do not plan to increase our number of beds, although the Bulfinch will be moved to the new Gray Tower with construction beginning in December of 1973 and scheduled for completion in 1976. One plan which we are developing to increase the capacities of the hospital is the construction of an Ambulatory Care Center to house physicians, either in single or group practice, a surgicenter where surgical procedures can be done on an out patient basis, and diagnostic facilities which will be provided at the lowest possible cost. This is an ambitious enterprise, which undoubtedly will require adjustment in our current mechanism of delivering care, but if such a facility can be designed and operated in an efficient, sensitive manner, it should infuse even greater vitality into the hospital and allow it to participate more meaningfully as a



citizen in its community.

The strength of the MGH is the result of the wise leadership of the Trustees and the dedication and accomplishment of the people who have worked there throughout the years. This gathering tonight is a magnificent testimony to the past, but it clearly demonstrates the strength of the present and the resources for the future. I am honored to serve you, to pay tribute to your glorious tradition, but also to commit myself with you to work for even greater accomplishments in the future. With your support I have no doubt that we can meet the challenges of this or any other time.

Thank you.

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The climax of the Centennial came Saturday evening at the Banquet which was attended by 664 people. After Dr. Sanders spoke about the Ambulatory Services at MGH; Margaret Anderson, Alumnae President, presented an oil portrait of Miss Ruth Sleeper to the School of Nursing. She also presented Miss Sleeper with a miniature of the portrait. Our photo is very good but can in no way do justice to the portrait. The next time you visit MGH stop at Bartlett Hall and see it for yourself. It is really lovely!

The second highlight of the evening was the presentation of awards of recognition to alumnae who have made or are making notable contributions in respective fields of Nursing. Citations were presented to the following alumnae "in recognition of her contribution and that of her fellow alumnae in the field of . . .":

Walborg Peterson '26 .....	International Nursing
Edith Morse Palmer '28 .....	Volunteer Community Service
Thelma Ingles '36 .....	Nursing Education & Research
Ruth Farrisey '38 .....	Administration of Nursing Service
Mary E. Macdonald '42 .....	Nursing Education & the Administration of Nursing Service
Ingeborg Grosser Mauksch '43 .....	Nursing Education & Research
Helen Belcher '44 .....	The Improvement & Regionalization of Nursing Education
Constance Holleran '56 .....	Government Affairs
Thelma Wells '62 .....	Clinical Nursing Practice
Floreid Walker Ambers '64 .....	Public Health Nursing



In addition, four Special Awards were presented:

- Sylvia Perkins '28 ..... "for her contribution and that of her fellow alumnae in the compilation of the History of the School of Nursing"
- Evelyn Lyons Lawlor '36 ..... "in recognition of her devoted service as Secretary of the Massachusetts General Hospital Nurses Alumnae Association"
- Barbara Fitch ..... "in recognition of her devoted service as Secretary to the Director of the School of Nursing"
- Helen Sherwin ..... "in recognition of her contribution and that of other non-alumni colleagues to the School of Nursing"



The photographer caught this very nice picture of Dr. Sanders, Miss Natalie Petzold and Miss Ruth Sleeper following the presentation of Miss Sleeper's portrait. (Photo #214)

# News... of the Classes

## 1915

We have been notified of the death of IDA P. PEACOCK on December 5, 1973 in Perth, Ontario after a short illness.

## 1917

We have been notified of the death of AGNES V. DUNN on November 5, 1973 in Fall River, MA.

## 1919

We have been notified of the death of MARTHA FRAIN BOLLARD on June 17, 1973 in San Jose, CA.

## 1920

The class of 1920 was represented at the Centennial Celebration by EMELINE BOWNE, MARJORIE CHAMBERS COLLINS, RUTH HARTZELL HAYES (from California), AGNES PATTEN, BARBARA WILLIAMS and BARBARA BENNETT ZAHNER. The report says they had a grand time.

## 1924

Madeleine Spittal Lusk  
34 Gorham Avenue  
Brookline, MA. 02146

We had a lovely time at the Centennial celebration, and we truly missed those who could not attend. Perhaps in 1974 we may regroup again for our 50th. Think and plan for it. There were so many things we could have done if we had had more

time.

Those classmates who attended our class dinner were EVADINE CADY O'CONNOR, RUTH TAPLEY, HELEN CURLEY LaVEY, EVA HUTCHINSON McGRATH, HELEN GILES WATKINS and husband, HELEN BUBKO SUPLICKI and sister, JANE CASSIDY COSTELLO, HELEN BUCKNER SIMONSON, DRUSILLA SCOTT PERRINE, GERTRUDE REYNOLDS HERMAN, IDA SNOW UPTON, ESTHER ROBINSON JOHNSON, CLARABEL THOMPSON POWELL, MARION BURNHAM SEGEE. It was so much fun reminiscing. New memories were always cropping up.

Thayer Building is no more. In its place our new X-ray and related therapy building is rapidly coming to completion. Those classmates who have not been around for many years will not know the Grand Old Institution. Do try to come and, when you do at any time, give me a call and I will get permission to show you those parts of the institution which will interest you. The new Mass. Eye and Ear Infirmary Building is now in use and is beautiful. There is still much more to be done so that in 1974 at our reunion I will have much more to show you.

Do keep in touch. If you do not have your list of classmates names and addresses, let me know.

## 1927

Ethel Clow Black  
Sewall Road  
Wolfeboro, N.H.

Eleven members of our class attended the Centennial Celebration on Friday. HELEN BAKER, MARY BALDWIN RUDDEN, HELEN BRICK SWEDBORG, REINE GEBEAU TREDENNICK, MARGARET MURRAY ALLEN, and ETHEL CLOW BLACK had luncheon together. MARTHA DAVIDSON PETERSON, Class of 1928, also joined us. Following the afternoon lectures and a pleasant cocktail hour, we met in The Falstaff Room for dinner. MARION MAXWELL, NENA OUELET and JANE MACDONALD SULLIVAN joined us. We drank a toast to MAYBELLE PEVERLY FAILING who had sent a check to buy cocktails, since she was unable to be with us. Saturday, FRANCES CHAMBERS joined us. MARY COOLIDGE RAWDING also attended the Homecoming Luncheon. At dinner Friday night we read letters from some members who couldn't attend including one from RUTH KETCHUM PIPER who had planned to be with us, we missed her.

A few interesting statistics. I mailed 39 letters to classmates, received 11 replies and 11 attended the Centennial, not all the same eleven. Everything was beautifully planned by the committee, and those of us who attended found it most enjoyable. I did not go to the hospital for the Sunday morning Clinical Session and tours of the hospital, but those who did thought it a happy ending to the

three days. The parting words on Sunday morning were "four years and we shall have our 50th, may we all be together and hopefully have a larger group."

Mary Rudden was going on from Boston to New York and Pennsylvania to visit children, before returning to California. Reine Tredennick was visiting old friends in New England, New York, and then on south to visit Pev Failing before returning to the west coast.

## 1934

### September Section

Eva Belcher Chandler  
97 Eliot Street  
Ashland, MA. 01721

What has happened to our section of the class of '34? At the all-important 100th M.G.H. Training School Anniversary only 4 of our members were present.

MIRIAM (LINDY) HAIL COX came from Memphis, Tennessee; BERTHA COSKIE PROCTOR from Milwaukee, Wisconsin; and MARION BATES and myself were the other two. HENDRIKA VANDERSCHUUR, who underwent serious heart surgery in August, had planned to be at the Saturday luncheon but was unable to make it. DOROTHY KENISTON CHAMPIGNEY was to drive Ricky but due to illness was unable to do so.

LOIS COWELL ANDERSON of Babson Park, Florida, had planned to attend as she was to be in New Hampshire at the time. However, she had to cancel at the last minute and make a hurried trip back to Florida. She received word that her home had been broken into and the building



that housed her Antique shop had been sold and she had only a short time in which to vacate.

Despite our small showing there were several from the February section and a great time was had by all. It was great fun trying to put names and faces together without peeking at the name tags. Since we shared the Sheraton with the Shriners we also had a lot of extra laughs.

An added bonus for our little group was a tour of the Shephard-Gill School of Practical Nursing. Marion Bates who is the Administrative Assistant guided us on this tour.

Bertha Coskie Proctor works as a Clinical Area Coordinator in the Beaver Dam Community Hospital. Her husband, David, is Chairman of the English Dept. at Wayland Academy in Beaver Dam. Son David is a second year student at Andover-Newton Theological School and Allen will graduate from Harvard in June.

Lindy Hail Cox and her husband, Gene, keep very busy doing volunteer work in a Memphis General Hospital. Dot Keniston Champigny is retired and enjoying life. Lois Cowell Anderson and her husband have an Antique Shop and do Estate Sales and Appraising. Lois is also Regent of the local DAR and State Secretary for the Colonial Dames, XVII Cent.

The last I heard Ricky was making plans to return to her job as Director of Nurses at Morton Hospital in Taunton. We are still trying to find time to get together.

This past summer was my first summer off in 39 years. Have been a Camp Nurse for all those summers. I

took advantage of the long vacation and in July spent two hectic weeks with my grandsons and ten great days with Lindy and her husband. We hadn't seen each other for about 25 years so the only time we weren't reminiscing was when we were asleep. In August I visited my sister in Brussels, Belgium with side trips to Germany, Holland and France.

How about making some plans for our 40th reunion in September? Any and all suggestions will be gratefully received. Also if we are to have anything in the Quarterly I have to have news. Write what you can when you can.

### 1936

Marjorie Goldthwait Richardson  
386 Riverway, Apt. #2  
Boston, MA. 02115

This is the first opportunity to report on Homecoming '73 as far as the Class of 1973 is concerned. I couldn't attend all the sessions so I'll concentrate on our class activities and personalities.

We had engaged a room at the "57" restaurant, and following Centennial activities on Friday the following people assembled: EVELYN LYONS LAWLOR, BARBARA VIVIAN PAYNE, EDITH LEE MacCORMICK, JOAN DOLAN McCLUSKEY, ANNE SARGENT McKINNON, RITA KANE MURPHY, SALLY BROWN MARTIN, MURIEL KEARNS BRODSKY, MARGARET HAZEN ALLEN and myself. We were joined by September members CAROL COFFIN OFFENBACH, LORRAINE THAYER FERNANDEZ, EVELINA DRAY NOLAN, ELIZABETH JOHN-



STON BYRNE and EVE BORNER HARDY. Joan and Edith were accompanied by their husbands, who ducked out leaving us to an all-female dinner, a very jolly affair indeed. Absent members were much on everyone's mind and news was shared.

LEONILLE DUFAULT BLAIR sent a Special Delivery letter with best wishes to all and her regrets that she could not be with us. Lee went into military service in 1945, serving in Panama, France, Germany, England and Turkey as well as in the United States. In 1960 she married Colonel John H. Blair III. The Blairs are now retired and living in a home they built in Elkton, Maryland.

At the Saturday sessions and luncheon we were joined by THELMA INGLES and, from the September section, DOROTHY RICHARDSON, MARGUERITE VICHULES BOURGEOIS, CATHERINE WILSON MAY and LUCILLE LYONS TAYLOR.

I did not attend the banquet Saturday evening. Receiving awards were Thelma Ingles and Evelyn Lawlor. We should be very proud of them and the great honor to our class.

Sally and I went over to MGH Sunday morning and were taken on a tour of the hospital. You can believe that Sally, who has not seen MGH since 1936, saw many changes.

Barbara Payne was one of the MGH graduates photographed with her daughter, Diane, also an MGH graduate. Anne McKinnon also has a daughter who graduated from MGH but she could not be present.

Two of our members are south-

ward bound; Thelma to Columbia, S.A. and Edith, with Bob, to Orlando, Florida to visit their children and grandchildren.

1937

Susan Robins Groff

14 Lucian St.

Manchester, CT. 06040

I was delighted to get letters from CATHERINE LEONARD CROTTY, BLANCHE JUKINS ZANIEWSKI, MURIEL SIMPSON MACAFEE, and ELIZABETH SMITH HOLLIDGE. Neither Kate or Blanche were able to make the Centennial celebration. Blanche has been having trouble with a slipped disc. She resigned from her job at Deron's Confectionary Co. last December. She and her husband have a new grandson born June 29. Muriel had just returned from the Homecoming when she wrote. She said she had been very busy setting up a new Stroke Unit at the Brockton Hospital, modeled after the famous St. Luke's Stroke Unit in New Bedford. Later, Muriel sent me a copy of the first issue of the hospital's *The Visitor*. The front cover had a picture of her and a recuperating stroke victim with his dog. An article in the magazine told of the part the dog played in the patient's recovery. Muriel and her husband have bought a chalet on a lake on Cape Cod to have as a retirement home.

Libby wrote that she had a wonderful time at the luncheon at the Sheraton. CLARISSA PETERS ALLEN and her husband were there from Anchorage, Alaska. LAURI-ANNE BEAUDETTE GRAHAM came up from Georgia with her hus-

band, as well as MARY COLE STETSON from Milford N.H. BARBARA DORMIN arrived from Albany, N.Y. where she is with the State Health Department. She brought greetings from ELIZABETH ULRICH THROM, who is living in Washington, D.C. Also at the lunch was MARGARET HEYSE, who had come on from the University of N. Dakota, where she is Dean of the School of Nursing. Others from our class were ETHEL CARLTON DEISS, MARION DECKER GIBSON, ANNA MCKEE RAY, LOUISE EVERS ALLISON, ANN FULTON BICKUM, who is with the Stoneham Visiting Nurses Assoc., GRACE TAYLOR McGAUGHY, AGNES MALONE COTTER AND ETHEL McCULLOUGH SULLIVAN. Also there was FRANCES KNEELAND, who works in Taunton at the Morton Hospital.

I want to thank all the girls who wrote me so that I could put the news in the Quarterly. Libby suggested in her letter that we begin soon to make plans for our 40th reunion in 1977. I think that is a good idea, but perhaps it would be better to wait until 1975, which is a little nearer the date, but will still give us plenty of time.

The Holiday Season will have come and gone by the time this comes out in the Quarterly, so hope all of you had a fine time, and that the New Year will be filled with happiness.

**1938**

### **35th Anniversary**

Ruth M. Farrissey

Massachusetts General Hospital  
Boston 02114

Homecoming and the 100th Anniversary of the School brought together twenty of our class. It was a beautiful weekend in every way.

Those attending (and looking very well for themselves) were: KATHERINE BARRETT TAMULE, GERALDINE BRANDON REDDINGTON, GRACE (BETTY) FISKE GIDDINGS, LUCY DENIO BYGRAVE, RUTH FARRISSEY, EILEEN COFFEY, VIRGINIA HARRISON WEBSTER, LUCILE HOWD WALDO, ADA LAWRENCE PLUMER, HELEN NEWMAN GOWER, CELIA PIIR-TINEN WARREN, EUNICE PLANT, GERTRUDE SNOW BARR, NELMA SOULE BRADWAY, LUCILLE THEROUX DONOHUE, PERSIS TOWNE KING, GRACE WALSH ROONEY, EILEEN WOLSELEY, MARGUERITE BRIDGES LYNCH, NELLIE CUNNINGHAM CROSSLEY, EUNICE RANGER JOHNSON.

Several of those attending are still actively engaged in Nursing or Nursing Education. Nellie Crossley runs a dress shop called The Fashion Door in Berlin, N.H. Several said they still maintained regular contact with a number of other classmates. Four or five seemed to have lost all contact with the class. We counted up our deceased members who number four: ALICE BELMONT, JOSEPHINE HURLEY, EVELYN FRANZEN HILLSTROM, VIRGINIA PLATNER NILES.

The addresses of the classmates who were reached by mail earlier this

year are available either at the Alumnae Office (if they are members); if not, they are available in the office of Danny Kasper, Secretary to R. Farrissey. Miss Kasper is the young lady who carried out all class correspondence; she will maintain such records as we have.

You all should have been there. It was a gala event.

**1939**

### **September Section**

Yvonne Goethel Ciesluk  
298 Weston Road  
Wellesley, MA. 02181

It was great to get together at the Centennial Homecoming. I volunteered to be class secretary so will do the best I can to pass on news.

There are forty members of the class still living and eleven of these were present: GRACE BABCOCK GATCOMB, WINONA BEHR SMITH, LOVISA CHURCHILL WILLARD, ADA DEINNOCENTIS RESTIERI, DOROTHY DUFFY HARGREAVES, FRANCES McDONALD SCIORE, ALBERTA MORRISON FLEURY, EUNICE WHITE DOTY, DOROTHY WILBUR McLEAN, BARBARA YUTRONICH NOONAN, and myself.

On the sick list and unable to attend were: ELIZABETH GRHAM CASWELL recovering from two broken ribs, suffered when she got entangled in her puppy's leash; LUCY FRENCH BROWN struggling with a bout of rheumatoid arthritis; MARY McCARTHY WHEELER recovering at home from post-op complications following back surgery at MGH.

If any one knows the addresses of the following, please send them to me: ELIZABETH CORSON HARRINGTON, BEULAH CUNNINGHAM SMITH, MARTHA DONAHUE, ANNE SIPLAS, CATHERINE TRACY TAYLOR and PHYLLIS YOUNG WHEELER.

Next year is our 35th and I hope to see everyone there. There is a Holiday Inn on Blossom Street and two garages at MGH. Send me news of yourselves and the classmates you correspond with!

**1947**

### **February Section**

Marjorie Blackwell Sullivan  
28 Grace Road  
Quincy, MA. 02169

At the Centennial celebration although our class had only ten members in attendance we were enthusiastic and appreciative of all the work which went into this big occasion. Present for various parts of the three day weekend were: BARBARA WATSON PARILLO, YVONNE WITHERS OGILVIE, GLENNA CLARK GRUFF, MARY McGRADY MORLEY, ANNIA LOWE GIGER, AUGUSTA CHRISTOPHER GEARY, MARY WALLACE ANDERSON, ESTHER READE WILSON, BARBARA GRANT HALE, and myself. Also joining us for dinner Friday evening at Top of the Hub Restaurant were IRENE McANDREW BROWN and LOUISE BROWN CLAFFEY, our probie days student assistants in Science. Both were welcome and enjoyable additions to our reunion.

For those who were unable to at-

tend this year, remember we have Homecoming every September at MGH and it is an experience you shouldn't miss. Those in our class who came back this year plan to come again and one of them said she wished she had come back sooner. Think about it! !

**1948**  
**February Section**  
**25th Anniversary**

Eleanor Gagan Nissen  
820 Anchorage Drive  
N. Palm Beach, Fla. 33403

Homecoming was very special for us — our 25th. Seventeen members were present plus Dorothy McLeod who left after two years to be married. Present were ELIZABETH CHAPMANELLER, CATHERINE COLLINS GALLAGHER, ROSE DAILEY McCORRY, BARBARA GRAY CARLEEN, ELEANOR KARVELLAS PECHILIS, WENONAH MARBLE GRIESEMER, MARION MARTELL DZUGAN, ARDIS MURRAY BROZYNA, IRENE NIEDESPOL CURMI, PATRICIA NORTHBRIDGE CLEMENTE, CONSTANCE PALMER, PAULINE ROY WHEELER, RUBY SUNDEEN PHIPPS, ANNA TOWHILL SMITH, ARLENE WINK McNAMARA and myself.

No one had changed very much — all were recognizable. We did all our aging between 1945-48. It was beautiful to see the old camaraderies renewed in an instant! Friday evening we went to Pier 4 for dinner. Then to Nona Marble Griesemer's home for much chatting and pouring over Towhill's Yearbook and Scrapbooks.

You were all remembered with love! Our little group donated \$275.00 to the Alumnae Association in memory of GERALDINE JACKMAN who died during training and MARY JANE SHORTLIDGE who died several years ago leaving small children.

Now for the news:

LESLIE BAYEUR GREELEY sent her love to all. She lives in Arlington and has three children. CATHERINE COLLINS GALLAGHER (Needham) has nine children, ages 7-22. Believe it or not, Kay works part time as a delivery room nurse. She and Jim took their first vacation alone this year. ELIZABETH CHAPMAN ELLER lives in Greensboro, N.C., and is Associate Nursing Director, Guilford County Health Department.

ROSE DAILEY McCORRY lives in Flint, Mich., works in ICU part time, has four children. For their 25th anniversary the children gave Rose and Frank plane tickets to New Orleans complete with a suite at the Sheraton, a car delivered to the hotel and — this is really a twist — spending money!

MARY GEISER FONTRIER, Albertson, L.I., N.Y., has four children and does volunteer nursing in pedi. Gaby is professor of music at Queen's College — composer — music critic for the Long Island Daily Press. VIRGINIA GOODWIN WALDNER (Everett), has two children, is very active in church work. Frank and Ginnie spend a few weeks each winter in Florida and summers at their cottage near Cape Cod.

BARBARA GRAY CARLEEN (Newton), is head nurse on a 42-bed



medical-surgical floor, has four children. Barb has done a great job as class secretary for many years. In the enthusiasm of Homecoming, I volunteered to take over for awhile. Hope I can measure up to Barb's faithfulness.

**ELEANOR KARVELLAS PECHILIS** (Ipswich), works as office nurse for two pediatricians. She and George had just returned from a trip thru the Greek Isles a few days before the Centennial. It sounded so beautiful we'd like the next Homecoming in the Athens of Greece instead of the Athens of America.

**RITAKRASINSKASKUZDEBA** (Marlboro), is an in-service director at a nursing home. **FRANCES KISIEL ZULKIEWICZ** (West Brookfield), called me long distance to give her news. Now, that's a girl who hates to write! Frances has five children and worked for many years at the Ware Hospital but has now "retired". **WENONAH MARBLE GRIESEMER** (Belmont). Bob has a full time practice in dermatology, teaches at Children's where Nona works two days a week in the Emergency Room. Nona is taking a pediatric nurse practitioner course. The four Griesemers had a three week vacation in Europe last summer.

**MARION MARTELL DZUGAN** came the long distance from Danville, Cal. Marion took a refresher course and did some relief work in a convalescent home — isn't working at present but is on the Women's Auxiliary Hospital Board, volunteers at school and plays bridge. **MARY MURPHY ALBERT** lives in Walnut, Cal. She maintains 2 homes as she commutes 86 miles to Camarillo

where she is program director of a Substance Abuse Program — 125 beds for alcoholism and 125 beds for drug abuse. Mary has four children. She has a big fully furnished empty house at Walnut during the week and has offered it to anyone who might be coming to Cal. Sounds tempting!

**ARDIS MURRAY BROZYNA** lives in Schenectady, N.Y., and has five children. Ardis is a "home executive" and volunteer — chairman of Volunteer Nurses for the Schenectady County Red Cross Blood Program — hopes to run a horse operation on their farm — is going to Oklahoma City to the National Directors meeting of Palomino Horse Breeders of America. **IRENE NIEDSPOL CURMI** lives in Westland, Mich. and has raised three fine children alone since they were little ones. Renee is a nurse anesthetist and also does home studies on EKGs. For fun she goes skiing in Upper Mich., and is now taking formal lesson in ice skating. Outdoing some of the younger girls helps her ego!

**CONSTANCE PALMER** is an Associate Professor at Mohegan Community College in Norwich and lives in New London, Ct. She has done more than her share of traveling and had plans for a trip to Jamaica after Christmas. **THELMA ROBERTS COLBY** lives in Greenville, Me. Thelma hasn't done any nursing since graduation, she is office manager in one of the two general stores in town, dabbles in Real Estate — going for her broker's license in the spring. **THERESA ROY WHEELER** is now living in New Bern, N.C. The family just spent five

exciting and interesting years living in England. Pauline has four children, her nursing is limited to volunteer work — at the Bloodmobile and the Rheumatic Fever Screening Program, and she is now Chairman of the hospital Gray Ladies.

**RUBY SUNDEEN PHIPPS** (Westford) has five children. She enjoys homemaking and taking various courses at the Adult Education Program. **ANNA TOWHILL SMITH** works at a large integrated high school in Richmond, Va., as the school nurse. She plans to retire and move to Florida next summer. **ARLENE WINK McNAMARA** is head nurse on an O.B. floor in W. Warwick, R.I. She just got her B.S. after eight years of afternoon and night courses. Leonard has just retired from the Navy, but they are still taking care of the country with one son in the Army in Germany and the other son at the Air Force Academy in Colorado.

As for me, I haven't worked at nursing since Chris was born. Volunteered for many years in the village library, then established a library in the children's elementary school — after 2 years there — was promoted — now spend a day a week at the high school library. We have four children. Chris, 18 — spina bifida and hydrocephalic was not wanted by any school, finally got him into 1st grade on trial. In May he graduated from high school. As he received his diploma, his many honors were read, and his class gave him a standing ovation. I write this, not from pride, but to give anyone who may have a handicapped child hope — anything can be accomplished with love! He

is now at Palm Beach Junior College majoring in horticultural research.

This news is long but this year is a milestone. Many years have passed and much has happened to us all, but those three years we shared formed a bond that is there still.

**(Eleanor sent a much more detailed report than I have space to print. Sorry that I had to edit it. Please keep the news flowing. Nice to have you as secretary, Eleanor. Editor)**

## 1950

Marie Matthews Bagley  
100 Sharon Street  
Brockton, MA. 02402

Our class was represented by 2 members of the February section, **EFFIE CONNORS ALDRICH** and **MARTHA WARE SHAW**, and 13 members of the September section. Those attending were: **IDA CARNELL BARTLETT**, **JENNIE KWAI-JUN CHANG ERNST**, **PATRICIA DUNSMOOR**, **CONSTANCE HARRISON**, **ELIZABETH JONES CURRIE**, **MARIE MATTHEWS BAGLEY**, **FLORENCE NAGAO STANLEY**, **AUDREY OLESEN REARDON**, **LUCY RICH KEOHAN**, **AGNES RICKETSON STEPHEN**, **FLORENCE RIDLON YASI**, **MARY (PHIL) SHEA**, and **AUDREY TILLOTSON BISHOP**.

On Friday evening, 8 of us had dinner at Boraschi's and were joined by Al Stanley with son Paul and Red Stephen. Several people had cameras and we are hoping that everyone will circulate the snaps because nowhere else could you ever get so much beauty all at one time.

An award is given at every homecoming to the person who travels the farthest. The September '50 class won 2: Flo and Kwai (from Hawaii) received beautiful centennial charms.

We are looking forward to celebrating our 25th anniversary in 1975; let's hope for a large group.

## 1951

### September Section

Marion Decker Manes  
Oak Hill Road  
Hyannis, MA. 02601

Sorry for having missed a few columns recently — no news is bad news, in this case. Wonder where our school spirit went? Our class did not distinguish itself in number at the Centennial, but what we lacked in number, we made up for in enthusiasm. Why Boston's suburbs required too much effort to attend, when Canada, Georgia, and Colorado found members of our class in attendance, was more than I could understand. However, you have only yourselves to blame for having missed probably one of the most outstanding opportunities you'll ever have to see and hear some of the most illustrious members of the Medical Profession, as well as renew old acquaintances. Did you know that in its 100 years MGH has produced over 5,000 graduate nurses and that over 1,000 nurses and guests attended the Centennial? It truly was an event to remember and we owe the various committees many thanks. We were discussing our mixed emotions later, of the slight disappointment when one of the faculty couldn't remember exactly who you were, but at the same time realizing there must have

been others who made a worse impression on them as a student than you did, much to your pleasant surprise and relief!

Some of us, I'll leave it to you to guess who, had had enough lectures by Saturday noon, so after the luncheon we sneaked out to the Shriner's parade, then sneaked back in for the last lecture, so you see, time has neither aged nor inellowed us.

Maybe two more of the missing have been found. Someone at the reunion thought MARGARET TOBIN SWISS lives in Newburyport. Someone else told us that JOAN SUMNER is a Capt. in the Air Force and stationed at the Air Force Academy in Colorado. DOROTHY HUNT O'KELLY said FRANCES EGAN JOHNSON pays her a visit occasionally and Dot will send her address. ALICE FORRESTALL, a short-term classmate of ours who left to be married and went to Japan, joined us at lunch at the Centennial. She graduated later but I don't know the year. She asked to be remembered to you all.

I'm going to start nagging now about our 25th in 1976! Surely more than 8 or 10 will show up for that one!

As I was waiting in the lobby of the White Building for departure time after the Centennial, Ruth and I were talking to two members of one of a much earlier class (1916), who showed us pictures, etc. As we left, they said how wonderful it all had been, waved, and said, "We'll see you at the next one!" So let's all adopt that attitude and convince every member of the class to come to at

least our 25th. The others we'll worry about later!

**1953**

**September Section  
20th Anniversary**

Jacqueline Thornton Higgins  
Farmers Cliff Road  
Concord, MA. 01742

Were we lucky! Our 20th Class Reunion — the “Biggy” because most of our class is still living, maybe not well, but living — coincided with the Centennial. So we dipped into this well-planned bag of goodies: great lectures and cocktail mixers. Cocktails and a lapse of twenty years make for a unique common denominator. Everyone just seemed like an old friend.

Most of our free time was filled with spur-of-the-moment activities: a show and tell session at the Top of the Hub lounge of the Prudential with a panoramic view of Boston; dinner at Stella's in the North End with all the waiters wondering who was left to staff their mecca. Such service! Reminded me of OPD; our waiter kept trying to show us his MGH burr holes!

Since most of the Centennial activities occurred at the Sheraton-Boston Hotel, part of the Pru complex, we soon discovered that the best reason to rent a room at a large hotel is to insure bathroom privileges. After a few ear-popping, crammed elevator trips, (the Shriners were also having a convention), and climate-zone changes from auditorium, halls to lounges, we felt like volunteers for hot flashes.

The three-day Centennial terminated September 30th, and after a

guided tour of MGH (the Baker has definitely shrunk; I know those wings were longer), we reunited at JEAN RODERICK BOGG's beautiful home in Milton for a cook-in. All in all, we had a wonderful time, and as BARBARA McGARRITY BOIS-JOLIE so aptly commented, “How come I can talk to you people after a twenty year lapse and you still understand everything I say!”

The following classmates made the twenty-year role call: PHYLLIS TUCKER RICHARDSON lives in Burlington, has two daughters, works part time in OBS at Winchester Hospital. NANCY WARREN CLARK lives in Holyoke and has three children. MARIE OHRN WILLIAMS is supervisor at Metropolitan State Hospital, has three children and lives in Lexington. JEAN SIVRET EMMONS is a school nurse, lives in Burlington, Vt., has two daughters.

DOROTHY WALLENIUNFER-RANTI has recently retired from nursing home duty. She lives in Concord and has three children. BETTY HUBLEY THOMPSON has two children, lives in Reading and is establishing a cooperative nursery school. Coming from Stone Ridge, N.Y. was MARILYN MARZELLI CHABOT who has three children and is teaching Planned Parenthood. BARBARA McGARRITY BOIS-JOLIE joined us from W. Springfield and also from the western part of the state (Leyden) was GLORIA REUTER LEVENSON who has four children and works as a head nurse at the Greenfield Hospital.

Living in Sudbury, working part time at the Framingham Union Hospital, and caring for two children is



BARBARA BULLARD HAYNES. I live in Concord, am still going to college, have five children — one in college (I knew those kids would catch up with me!). FLORENCE FLETCHER HOFF has three children, lives in Swampscott, and is still playwriting.

MARTHA FIELDHOUSE JONES has four children and lives in Salem, N.H. Her mother, EDITH STAPLES FIELDHOUSE, class of 1918, is living in Sumner, Me. ALICE GILL O'NEIL has four children and lives in Canton. JEAN RODERICK BOGG has three children, lives in Milton and is a Milton Committee Woman.

Many of the class could not attend the Centennial but are still in direct contact: RUTH ANN MULDOWNY teaches second grade and lives on Cape Cod. HERMINE FLIEGE BOGAR lives in Pittsburgh, Pa., has three children, and is working for health legislation. DOROTHY RANDALL LANE is in Wichita, Kansas, works nights and is attending college part time. Dot has one son. BETSY BUCK BLOOMER has four children and is still living in Chatham with ancestral roots which go back to its founding.

LUCY BARKER SHEEHAN has remarried, has 8 children and is living in Washington State. NANCY MARSHALL BUCHANAN has three children, lives in Greenfield and is nurse at the Junior College. LOUISE CONTE HAGEN is a school nurse supervisor in Salem, N.H. MARGARET PLATTS A'HEARN is a lady of leisure, with three children, living in Puerto Rico. MARGARET ROBERTSON is As-

sistant Director of In-Service Education at Children's Hospital, San Rafael, Cal.

SYLVIA BROWN MARTIN expected to graduate from B.U. this year. She is living in Essex. Living in Walpole and Director of In-Service Education at Norwood Hospital is JEAN BROWNELL MOEN. Jean has three children and is attending Boston State College part time. WINIFRED (CORY) BOUCHER WITT has three children and is living in Farmington, Me. BARBARA KISIEL — don't have Barb's married name, has one son and is living in Holyoke. Barb has M/S and is confined at home. Nancy Clark brought her a round-robin note from all of us at the reunion.

Fifteen classmates were able to make our 20th Reunion; let's hope we see more of you for the 25th! Don't forget the annual Homecomings — they're great!

## In Memoriam

- |      |   |
|------|---|
| 1915 | Ida P. Peacock on Dec. 5, 1973 in Perth, Ontario      |
| 1917 | Agnes V. Dunn on Nov. 5, 1973 in Fall River           |
| 1919 | Martha Frain Bollard on June 17, 1973 in San Jose, CA |

# MGH CAPS

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1955

March Section

Anne Hickey Braveman  
26 Presidents Lane  
Quincy MA. 02169

The nicest thing that happened in '73 was the Centennial Celebration. It was the best program ever, and so nice to see so many familiar faces. The highlight of the weekend was getting together with classmates. Twelve members of our section made it: BARBARA DUFEE LAROCHE, JEAN DUMAS HUSTON, MARJORIE HINKLEY WHIPPLE, JANE RIDDELL PEPPARD, RUTH PRIOR THAYER, BRENDA CAMPBELL, VIRGINIA HINES CARROLL, JOAN BELTRAN-DI KRANZ, CHARLENE KILEY McALLISTER, MARGARET LAMB HUNT, BARBARA BROWNE DOHERTY, ANNE HICKEY BRAVEMAN. Our reunion consisted of dinner at the Scotch 'n Sirloin in the familiar North End, where good food and great conversation was the order of the evening.

The member of our group coming the greatest distance was Marjorie Whipple who came from Indiana. Marg has just started in a new position with the Indiana State Board of Health as Public Health Nurse Consultant in Chronic Disease and Rehabilitation.

(More of this report in the next issue. Editor)

1956

March Section

Julia Bedahl  
Box 343  
Pine City, MI. 55063

Ten of us came home for the Centennial and we had a wonderful get-together. GRACE MURABITO THOMAS was home from Beirut, Lebanon, on leave from her job at the American University there. SALLY SHEA NUTTER was next in length of travel, coming from Tacoma, WA., then me coming from Minnesota.

HOPE SUMPTION McCRUMMEN was here visiting her parents. She told us about a 6-bedroom home she and her husband are building. We were glad to see MARILYN PROUTY has recovered from her accident and has her old stride back. She came in with our honorary classmate Ann Sweat.

MARINA MARCUCCI MALONEY was only able to come for the banquet, but it was nice to see her though it was such a short time. JANICE MONE McEVOY commuted the two days. JANET WRIGHT KAZER was unable to attend but we all talked to her by phone.

We were all very proud of CONSTANCE HOLLERAN and we cheered

loudly as she presented her paper as one of the guest speakers; and equally loud when she was presented with an award at the Centennial Banquet.

September Section

Barbara Doyle Herlihy  
142 Trull Road  
N. Tewksbury 01876

Enjoyed Homecoming this year especially as several of us helped our Alma Mater to celebrate her 100th Anniversary! It was great to see so many familiar faces and, best of all, to bear witness to the unveiling of the lovely portrait of Miss Sleeper.

SANDRA YOUNG BROWN, THER-  
ESE HAMEL SANFACON and I ar-  
rived bright and early Friday morning  
in time for coffee at the Sheraton. We  
found the rooms assigned to us for the  
weekend, and it reminded us of probie  
days again, but this time it seemed  
especially different from our single  
days as we left husbands and children  
at home! We met PHYLLIS DELANO  
who had just recently been made Di-  
rector of Nurses in Newington, Ct.  
Also, had a brief glimpse of ROBERTA  
DELUTIS DAVID.

Saturday brought additional mem-  
bers: PRUDENCE THATCHER  
STEWART, JANE MOORE BARLOW,  
JOANNE CLOUGHERTY GOZZO,  
MARIE DIONNE VIGLIOROLO,  
MARY YORK MALLORY and BAR-  
BARA KRYSIENIEL IANUZZO. Ev-  
eryone can imagine the nice reunion  
we enjoyed. We felt just a little older  
on Sunday morning when three hand-  
some teenagers accompanied their  
mothers to the morning program: Bob  
and Carol Ann Barlow, future doctor  
and nurse, we bet; and Susan Tan-  
nuzzo, also interested in nursing, were  
a pleasure to meet.

The Class of 1956 was fondly remem-  
bered by us all, and we knew many  
more were with us in spirit.

This is my last scheduled contribu-  
tion as class reporter. I think it's "time  
for a change" and hope that someone  
with different news and contacts will  
volunteer as "scribe"! I'll be glad to  
forward any Christmas news.

1958

September Section  
15th Anniversary

Ruth Gedies Russo  
132 Woburn Street  
Medford, MA. 02155

Greetings to all! At last, we're back  
in print again. Our grand Centennial  
Celebration is now history. It was a  
very interesting, informative and ex-  
citing three days. We celebrated our  
15th Reunion with a dinner at the  
Colonial in Lynnfield. The meal was  
excellent, also the music. Most of all  
— the company was super — it was  
great seeing all the "girls" again, and  
nice to have so many husbands present.

Because of the amount of news I  
will have to split it into two issues.  
DONNA ALLEN STEWART lives in  
Minnesota and is expecting her 5th  
child in August. Donna works part  
time and her husband is an assistant  
professor at Bethel College. GAIL  
ANDERSON LADD, NOLA GRONDIN  
ROLFE and JANET HAMES CROOK  
all come down from Maine to join us  
at dinner. BEVERLY ARMSTRONG  
HAMLIN and JOANNE HARTFORD  
RAMSEY had also planned to join us  
from Maine but had to change plans.  
Joanne has been involved in the open-  
ing of a new hospital in her town of  
Lincoln.

ELEANOR BAHLER PERRY came  
from N.J., she is working toward her  
MS degree, teaching in an elementary  
school, and taking care of Dick and  
four children. Had a long, enjoyable  
letter from ANNE BARRY HUMBLE  
who is very busy with five children —  
her youngest will be a year in March  
'74. ELAINE BATTLES PAQUETTE  
joined us, she is raising nine children  
and just looks great! ELEANOR BAU-  
ER came to dinner with Steve and me.  
She is an instructor at N.E. Baptist  
Hospital. Also had an interesting letter  
from MARY-CHARLOTTE BAYLES  
SHEALY who manages a large farm in  
Wisconsin. The Shealys have three  
children, and are also raising and sell-  
ing horses. Norman has a practice in  
Neurology out there.

Joining us from various areas of  
Mass. were: CAROL AVERY HABER,  
MARCIA BELSKY CHAISSON, VIR-  
GINIA BRAYTON LAURENT (ex-  
pecting a baby in Oct.), JOAN CAM-  
ERON FOX (looking as snazzy as  
ever), and MARGUERITE HAND-  
FIELD SIMONS. Peggy is very active  
in civic affairs, taking courses at  
Bridgewater State College and raising  
four children. CATHERINE GOSS  
BARRETT did yeoman duty in helping

to plan the Centennial, she was co-chairman of the Program Committee. Cathy's working as an industrial nurse in Waltham.

ANDREA BLAMIRE QUINTER sent a nice letter and pictures of her two very pretty daughters. She sounds very happy living in Vancouver, B.C. The entire family enjoys camping, skiing and other outdoor activities. Another distant member is MARJORIE BLYTH JESSINGER who is living in Singapore with husband and two children. Kentucky is the home of ELAINE GORDON LANGENBRUNNER, husband Dr. David and two daughters. Elaine was on the Cape in August and couldn't make it back to join us. GAIL HENDERSON WEINERTH has one daughter, it working in the OR at Duke University part time. Husband, John, is a resident at Duke University Medical Center.

Coming from Boulder, Colo. was JOYCE BRANTON LAMB, and from Calif. RITA COOMBS RABUANO. It was great to see them both again. JANET DONOHUE planned to attend but had to change plans. She is teaching at Georgetown University School of Nursing. ANNE FLOYD had also planned to join us but she too had to change plans. Anne is attending U. of Mass. working toward her degree.

Enjoying life at home with hubby and year old son is JANET BOLCUBE THOMPSON. They live in Brewer, Me. Three of the girls came from Conn.: NINA CAMERON KELLY (Norwich), SYLVANIA DAVISON ROST (Watertown), and BARBARA BROWN DICKEY who has recently moved to Glastonbury.

As I said in the beginning, I have divided this in half, so all of those from "J" to "Y" will be in print next issue. As for me, Steve and I live in Medford. He teaches in the high school and I work part-time during the school year in the OR at Symmes Hospital. During the summer we have "role reversal" — how modern. I work full time and Steve keeps the kids on their toes. The Kids are three boys and a girl, finally.

I want to thank all who took time to answer the questionnaires. This wouldn't be here without your help. We heard from 70 to 76 classmates, and 35 attended the class dinner at the Colonial. It was really great seeing every

one again! Hope it won't be as long before we see each other the next time.

**(As Ruth said, she is reporting your reunion in two parts. I'm sorry I had to edit this report because of space but think we have mentioned everyone in her first report. Congratulations on that response to the questionnaires! Editor)**

1959

September Section

Patricia Friss Newnham  
2107 North Oak Lane  
State College, PA. 16801

How nice it was to be back in Boston for the Centennial. We had a busy and exciting time at the interesting seminars and lectures. It was fun to catch up on news at the cocktail party, luncheon, and banquet. Touring the hospital made me realize how many changes have taken place (has it really been as long as the date 1973 suggests?) since we were all together there as students. How sad to think of Bulfinch as no longer housing patients once the Gray Building is operating to capacity.

Present at the Centennial were: MAUREEN CLEARY, SHEILA CRAM, MARGO TAYLOR, JANE HARTWELL, MARY RAYMOND, TINA CHALEKI, MARY VEILLEUX, ESTER HALL, RUTH BRAYTON, BETTY CONCANNON, MARY JANE ST. AMOUR, EILEEN WILLIAMSON, JANE COFFEY, DIANE BAKER, and your truly.

TINA DAVIS CHALEKI has returned to school as a part time student at Worcester State College, is keeping up with three children and doing some substituting as a school nurse. JOAN CARDARELLI FERRELLI has two daughters and is school nurse in the high school in Bellingham. MELBA CEDARHOLM ARMOUR lives in Mendon, has two daughters and is working part time as an I.V. nurse at Milford Hospital. Tina sees JANET OBERG STOCKHAUS occasionally in Sutton. Janet has three children and works part time evenings at Memorial Hospital in Worcester.

RUTH BLANDFORD BRAYTON lives in Briarcliff, N.Y., has three children, and keeps up her nursing by working part time nights. ESTER



CROSSMAN HALL (Sharon) is busy with five children and working part time relief at Faulkner Hospital. MARY DIGUETTE VEILLEUX is another active nurse, working part time nights in ICU. She has three children and lives in Nashua, N.H.

SHEILA MURPHY CRAM (Wellesley) has the interesting job of Infection Control Nurse at Newton-Wellesley Hospital. Also working full time, is MARGO JOHNSON TAYLOR. Margo has two children and is the head nurse of the Ob-Gyn Clinic at Yale — New Haven Hospital.

BETTY LINDEN CONCANNON (Bedford) and MARIE FARIS ARENTS, Newport News, Va. are super-mothers, with six children each. With all her maternity experience, Betty feels right at home in her part time night duty at the Emerson Hospital delivery room.

With all the discussion of nurse practitioner roles in medicine today, we are proud to have one of our classmates, MAUREEN CLEARY, in the pediatric Nurse Associate Program (post-masters) at the University of Conn.

MARY JANE NASSAR ST. ARMOUR (Bedford) is teaching part time at Middlesex Community College. She has two sons who keep her busy the rest of the time. Also at the college (but in a student role), and also with a family of two busy boys, is EILEEN BLACKMEN WILLIAMSON. JANE CARNEY COFFEY (E. Walpole) has two children and is working part time at the Westwood Lodge, doing psychiatric nursing. DIANE FLOYD BAKER is finding life busy and exciting. She was a bit overwhelmed at the prospect of returning to hospital nursing, but after orientation programs, was soon back in the swing of things. She is working three days a week at Catholic Hospital (Utica, N.Y.) and continuing the enjoyment of many outside activities.

JANE HARTWELL and MARY FURBER RAYMOND brought news of several classmates. JACQUELINE FLYNN is living and working in Houston, Tex. She recently traveled to the Orient. MARY MCCARTHY PERRY lives in Peabody, works part time, has three children, the latest, born in April 1973. DIANE HAGENBARTH FISH

RUSSO was married two years ago November and is living in Bashing Ridge, N.J. Jane lives in Mansfield and is supervisor of the Out Patient Dept. at Pondville Hospital. Mary lives in Haverhill and enjoys her dual role of mother of three children and office nurse in Obs-Gyn. ELIZABETH BODDY MAPLE when last heard from was living in Minnesota where Paul was in anesthesiology.

BARBARA BUCKMAN RINGKJOB is living in Boulder, Colo. and has three children. This summer they had a visit from her in-laws from Norway. They stayed six weeks, during which they toured the state of Colorado. Erik and Barbie both enjoy skiing and were pleased to see skiers on the mountain glaciers even in summer!

Well, that is all for this time. It was so great to see you all. The best to everyone in 1974.

#### 1964

Mary Anne Yahoodik Cirino  
1101 Fitch Place  
Warminster, PA. 18974

Not having written to the Quarterly in some time, I decided to play reporter at the Centennial and gather news of our classmates. Twenty from our class were at the celebration. The feelings, felt by some and expressed by many, were those of joy, surprise and rarely sadness.

CONSTANCE SZYMCAK FAVREAU and ELAINE TAFT CONNOLLY came for the weekend and stayed at the Holiday Inn. CAROL GIROURD LEE from Wyoming, JANE GRELOTTI NELSON from New Orleans, and JANE GRADY PICHE from Washington, D.C. shared a room at the Sheraton. Carol toted her four month old baby boy.

MARGARET CAMPBELL ARTHUR and her husband own and manage The Guilford House (Conn.), a sort of half-way house for elderly persons who are not able to manage at home alone. ALICE COBB CLARKE and ANN COSCO QUEALY picked me up. All natives of the Boston area, we had difficulty in finding our way to the hotel.

Also attending were MAUREEN GRANT FORBES, LYNN GEEVER MORETTI, CAROL BATES MORRIS, CAROL GULCZYNSKI O'HARA, JO-

ANNE WALTERS GUSTAFSON, MA-  
RA GALAGHER TRUSLOW, HEL-  
LEN BOX FORD, JOANNE WOOL-  
BRIDGE, PATRICIA BUCKLEY  
COURNOYER and BARBARA HOLD-  
EN DAVIS.

One person who was unable to at-  
tend was FLOREID WALKER AM-  
BERS who is living in Cleveland, OH,  
and recently had her first child.  
Floreid was one of the recipients of an  
Alumnae award given at the Centen-  
nial banquet. Mrs. Walker attended  
the banquet and accepted the award  
for Floreid.

Although not members of our class,  
I must mention Miss Keeley, our class  
advisor in 1964 and Mrs. Hibbard, both  
of whom seemed to remember all of  
our names. Mrs. Hibbard is still at  
Bartlett Hall and Miss Keeley is still  
teaching the seniors. It was great to  
see both of them.

I welcome any letters with news for  
the Quarterly. It took the Centennial  
to make me realize people really do  
enjoy reading these bits of news.

**(Mary Anne included more news  
than is here. Will get those items to  
you in the next issue. Editor)**

1967

Claire Stone Steward  
29 Bus Road  
Salem, N.H.

A handful of classmates attended the  
Centennial. CAROLE ROBERTSON  
represented us as a member of the  
Hospitality Committee. Carole works  
for Dr. Ottinger, both in the office and  
in the OR. SUE FOLEY came from  
Indiana, she expects to receive her  
BSN in May from Perdue and then go  
for her MS.

CAROL HALL WALLACE, ES-  
TELLE HARMES PASSERI and LAU-  
RIE MAHER LEWIS also participated  
in the weekend activities. It was good  
to see MARION REICHLE, SANDRA  
LOWNDS BUMP, and CAROL PERRY  
CURTISS, even for a short visit.  
MARY BREHM DURDA dropped by  
on Saturday afternoon, and MARY  
LOU DAHL WELCH joined us for  
dinner Saturday evening. Mary Lou is  
head nurse on White 5 and EILEEN  
THOMASCH is head nurse on Baker  
8. Eileen is enjoying a wine testing  
class at present.

As for news from the rest of the  
class: MARY BURKE ATKINS is ex-

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Madalene F. Calogiro  
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pecting her second child in Feb.; BETSY MURPHY sent word to Mary that she was leaving the Air Force and joining the Order of St. Francis; JOAN CHAMPA was to be married in October, 1973; and Robert and I have just returned home from a wonderful relaxing vacation in Greece. It's nice to be home though.

#### 1971

Judy Bellisario Courtemanche  
RFD #1, Rte. #12  
No. Grosvenordale, CT. 06255

Just to let you know that Gary and I recently met with NANCY BRYANT BEAVER and MARIE BRODERICK CLEMENT. Nancy and Bill were married the summer after graduation and have settled in Cuba, N.Y. amid several wooded acres. Their pride and joy, Sharon, arrived in September '72 and is now walking, talking and exploring constantly! Nancy works part-time at a local nursing home.

Marie and Bob were married in August '72 and have settled (they hope) in Halifax, MA. Raising horses and having a tennis court of their own are their present ambitions. Marie was

employed as a scrub nurse at N.E. Deaconess Hospital, but hope to return to MGH before too long.

Have corresponded with BETTY JANE EVANS. Over a year ago she and ELIZABETH DORTCH set out to explore New Mexico. Having found it to be a very exciting state, both enjoyed communal living in the suburbs of Sante Fe. Presently, Jane is employed in the Emergency Room of the Sante Fe Hospital. This she finds quite independent and satisfying for the absence of physicians is more the rule than exception!

Gary and I have just been blessed and mystified by the birth of our son, John Edward. What better way to learn growth and development!! Such a pleasure and so very fascinating — the birth and growth of a baby! We are making plans to build a home in this Connecticut area. I am currently unemployed and a "Lady of Leisure" thanks to John.

Do take time to write about the classmates you've kept up with. It's such a pleasure to hear how everyone is doing and it makes this world so much smaller.











Mass. General Hospital  
School of Nursing  
Palmer-Davis Library

# THE *Quarterly Record*

OF THE

MASSACHUSETTS GENERAL HOSPITAL  
NURSES ALUMNAE ASSOCIATION, INC.

*Spring, 1974*



THE  
*Quarterly Record*

OF THE  
MASSACHUSETTS GENERAL HOSPITAL  
NURSES ALUMNAE ASSOCIATION, INC.



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## ELECTED ALUMNAE REPRESENTATIVES TO THE NURSING ADVISORY COUNCIL

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MARYJANE NASSAR ST. AMOUR (1959)  
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JANICE B. OBERACKER (1957)  
(1974-1977)

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## ALUMNAE REPRESENTATIVES TO THE TRUSTEES ENDOWMENT FUND COMMITTEE

BEVERLY THOREN (1952)

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## ALUMNAE OFFICE HOURS:

Tuesday & Wednesday, 9:00 a.m.-3:00 p.m. — Thursday, 10:00 a.m.-1:00 p.m.

Telephone: 726-3144

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## WHERE TO WRITE

Contributions to the Loan Fund and Requests for Loans: MISS ELEANOR BAUER, c/o Alumnae Office. Make checks payable to the Annabella McCrae Loan Fund.

When Someone is ill: Alumnae Secretary, Bartlett Hall, 34 Blossom St., Boston, Mass. 02114.

Sick Relief Application and Dues: MISS MIRIAM HUGGARD, Phillips House, Massachusetts General Hospital, Boston, Mass. 02114.

Requests for Membership, Alumnae Dues, Changes of Address and General Information: MRS. EVELYN LAWLOR, Alumnae Secretary, Bartlett Hall, 34 Blossom St. Boston Mass. 02114.

## *Editor's Page . . .*

We continue to report on the Centennial celebration. In this issue you will find two of the papers given at the Clinical Session on Sunday morning, and Margaret Anderson's introductory remarks for five recipients of the Centennial Awards. The remaining reports will be completed in the next issue of the Quarterly.

The next time you visit the School of Nursing be sure to stop at the Palmer-Davis Library to see the commemorative plaque sent to the School from Ireland. During 1960-62 a three-way teacher exchange program took place among the MGH, the Royal Victoria Hospital in Belfast, and the Atkinson School of Nursing in Toronto Western Hospital in Canada. Constance Holleran and Irene Norton were the two teachers from MGH to participate in the program.

The School of Nursing of the Royal Victoria Hospital in Belfast, Northern Ireland, sent a commemorative plaque in celebration of our Centennial. The inscription reads, "*Proudly remembering the honour and privilege of sharing in your history.*" The plaque will be displayed in one of the glass cases of the historical collection in the Library.

# THE QUARTERLY RECORD

OF THE

MASSACHUSETTS GENERAL HOSPITAL NURSES

ALUMNAE ASSOCIATION, INC.

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Vol. LXIV

Spring 1974

No. 1

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*Subscription to the Magazine is included in the dues of the members of the Association*

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All communications for insertion in the *QUARTERLY* can to be sent to the  
OFFICE OF THE ALUMNAE SECRETARY or directly to the EDITOR

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Memo to contributors. Material should be sent not later than March  
1st, for the Spring *QUARTERLY*; June 1st, for the Summer issue;  
Sept. 1st for the Fall issue; and Dec. 1st for the Winter issue.

## **Surgical Reconstruction of the Hand**

*Richard J. Smith, M.D.*

*Assistant Clinical Professor, Orthopaedic Surgery  
Harvard Medical School*

*Associate Orthopaedic Surgeon, Massachusetts  
General Hospital*

They say that in Philadelphia, what is important is your family; in New York, it is your money; in Boston, it is where you were educated. You have all been educated at the Nursing School of the Massachusetts General Hospital. I am thus honored to be with so many important people this morning and appreciate the privilege of being invited to join in your Centennial celebration.

I would like to discuss the development of Hand Surgery as a "super specialty" over the last thirty or forty years. Hand Surgery is not a subdivision of orthopaedic surgery, plastic surgery, or general surgery, but rather blends many of the skills of the three surgical specialties in the treatment of all abnormalities about the hand. The hand must be treated as an organ of function, just as the heart, the liver, the kidney or the brain. To have the plastic surgeon handle problems of the skin, the orthopaedic surgeon the bone, and the general surgeon treat infections or tumors is to ignore the integrity of the hand to the detriment of ulti-

mate hand function.

The importance of unifying orthopaedic, plastic and general surgeons for the treatment of hand wounds was well recognized by Dr. Sterling Bunnell in the 1940's. General Kirk, Surgeon General of the United States Army, recognized the enormous disability resulting from hand injuries incurred in battle casualties during the Second World War. He commissioned Dr. Bunnell as consultant in Hand Surgery with the charge of improving care in the Army hospitals. Dr. Bunnell found that in many centers treatment for the wounded hand would first proceed along the lines with which the initial surgeon was most familiar. Later he would be referred to other specialty services for bone grafts or skin grafts, as the case may be. After all surgery was completed, the patient would be referred for physical or occupational therapy. All too frequently no organized, unified plan had been developed and the timing and sequence of treatment was erratic. Dr. Bunnell established Hand Surgery Reconstruction Centers at many of the



hospitals on the eastern seaboard. Teams of surgeons, therapists, and nurses were organized to thoroughly evaluate the patient with the injured hand. They would evaluate the functional requirements and plan the treatment with these goals in mind. No longer were skin, bones, tendons and joints separately and individually attacked. The hand was treated as a unit and the results of reconstructive hand surgery were immeasurably improved.

Following the War, the lessons learned in the treatment of the injured hand through a unified approach were broadened and applied to cerebral palsy, tumors, congenital, paralytic and rheumatoid deformities, and to other problems of hand dysfunction. Thus, Hand Surgery evolved not to subdivide the traditional surgical disciplines but rather to join them.

Within the past few years, the Hand Surgery Service has been organized at the Massachusetts General Hospital to include House Officers from the Orthopaedic, Plastic and General Surgical Divisions. Combined Hand Surgery clinics, conferences and rounds are held routinely through the week. The patients are assigned to house services not by what tissues are primarily affected but rather on a purely rotational basis. Skin grafts of the hand are being done by the Orthopaedic Residents. Bone grafts and fractures are being treated by the Plastic Surgical Residents. The General Surgical Residents participate in tube flaps and rheumatoid reconstruction. On the staff level, those men inter-

ested in joining the Hand Surgery Service are welcome to participate in all aspects of the program. We feel this has benefited not only the patient, but the training program as well. Thus, concentrating all Hand Surgery patients together on one service is mutually beneficial to patient and doctor alike.

As an illustration of the type of work which is being done by our Hand Surgical Service, I would like to review some of the problems we recently treated.

Perhaps the greatest publicity regarding surgery of the upper limb deals with the replantation of amputated parts. Probably the first successful replantation of the upper limb was performed in this hospital less than twenty years ago by a combined team of general, orthopaedic and plastic surgeons. The patient was a teenage boy whose right arm was amputated in a train accident. The arteries and veins were reanastomosed, nerves were resutured, the bone was shortened and fixed with internal metallic devices and the limb survived. Recently, I had the opportunity of seeing this man. He continues to use his successfully reimplanted arm in his job as a mechanic.

It might appear that the more distally the limb is amputated, the easier the tasks of replantation. This is not true since the vessels more distally are smaller, the nerves are farther away from the cell bodies and successful viability of replanted fingers and hands is less common than with more proximal injuries.

Advances regarding limb replan-

tation are advances in techniques which have been known for many years. Replanted limbs have the best chance of surviving when amputation has been performed cleanly and sharply. With ripping types of injuries, replantation should probably not be attempted. With the isolated amputation of the end of a solitary digit, the decision for replantation is a difficult one. We must bear in mind that although many hundreds of limbs and portions of limbs have survived after replantation, survival alone does not mean success. If a limb does not have normal sensibility, does not move well, or is painful, the patient might be better both functionally and psychologically with an amputation and the application of a prosthesis. Thus, although we continue to perfect techniques of limb replantation, although we continue to refine operating room optics by the use of the microscope, and although we develop and use increasingly finer suture material and instruments to perform microdissection, the decision as to which limbs should be replanted remains one requiring individual study and attention. It depends upon the type of injury, the site of injury, the length of time since the injury, and the age, occupation, and psychological attitude of the patient.

Another problem which is perhaps less dramatic than limb replantation, but in many ways more innovative is the reconstruction of amputated or missing digits. Certainly the thumb is the most important digit of the hand. Many means can be utilized to reconstruct the thumb.

A thumb can be reconstructed by applying a large tube of skin from the abdomen and skeletonizing it with an iliac bone graft. Several weeks after attachment, the tube is separated from the abdomen.

How can we provide sensation to such a tube? Here we apply the principle of "robbing Peter to pay Paul". A neurovascular island pedicle flap is used. One half of the palmar side of the middle or ring fingers is freed along with its blood vessel and its nerve to the middle palm. This skin flap is then transferred with its nerve and blood vessels still attached, to the anaesthetic area of the reconstructed thumb. A split thickness skin graft is used to cover the donor site from the middle or ring finger. Thus, skin with its blood and nerve supply intact is brought to the thumb tip. Not surprisingly, the patient continues to perceive the thumb tip as the middle finger tip. Nonetheless, in only a few weeks the operated thumb can be used for holding small and large objects and to assist in the most delicate types of pinch and grasp.

If the thumb is completely lost, or missing due to congenital deformity, a most elegant procedure has been devised called "pollicization". With the thaladomide tragedy of the 1960's resulting in large numbers of patients (principally in Germany) being born with absent thumbs, the technique of pollicization has been greatly perfected. Again we are "robbing Peter to pay Paul". The procedure involves transferring the index finger to replace the thumb. In almost all patients it is preferable to

have three fingers and a thumb than four fingers and no thumb. Both appearance and function of the hand is usually greatly improved by this procedure. The principles behind the techniques of pollicization are simple. A thumb is shorter than the index finger; it is rotated ninety degrees from the adjacent fingers; it is separated from the adjacent fingers by a generous web; it is moved by appropriate intrinsic and extrinsic muscles. Therefore, to make an index finger into a thumb, the index finger is shortened by removing a large portion of its metacarpal; the finger is rotated in its new position and held in place with Kirschner wires until bone healing is solid; appropriate skin flaps are designed to provide a generous web; the small muscles and long muscles of the index finger are appropriately transferred and shortened to provide good mobility of the newly formed thumb. Post-operatively, the results are usually aesthetically pleasing. The absence of one finger is often completely unnoticed by the patient's friends and relatives.

Occasionally children are born whose hands appear to have a digit missing which may, in fact, be present. Extensive skin webbing, or syndactyly, may obscure a finger which can be freed by surgical means. The radial club hand is another unfortunate congenital condition which results in a severe deformity because of absence of the radius and shortening of the ulna. By appropriate means, the soft tissue on the tight side of the forearm can be lengthened and the hand centralized at the end of the shortened ulna.

Although ultimate motion is limited, the patient has a straightened hand which improves both its function and its appearance.

Fortunately, more common than absent digits are extra digits. The psychological effect upon a family of a little child with one or two extra digits is surprising. Although some surgeons will recommend waiting until the child is four or five years old to remove these extra fingers, we feel that such a delay is unnecessary and unwise. Extra digits pointing out of the hand often causes unnecessary guilt of the parents, horror of the grandparents and unnecessary embarrassment to the child himself. With appropriate surgery the hand can be made to look virtually normal. The anaesthetic risk is minimal past the age of six months. I believe this is the time such procedures may be performed.

Frequently in Hand Surgery we are concerned with tumors. Is the tumor of the hand different from a tumor anywhere else? In one respect, yes. Other than the face, there is no part of the body which is so aesthetically important as the hand. We must therefore be concerned not only with removing a tumor to save life and limb, but preserving function if at all possible. We must also bear in mind the aesthetic importance of the hand. Thus, we must frequently combine reconstructive surgery with excisional tumor surgery. An example is a patient with a recurrent locally malignant tumor of the ring finger. This is a little girl and the tumor is on her left hand. A similar tumor in another part of her body

could simply be excised with no thought to reconstruction. Removing the ring finger of the left hand of a little girl, however, would create a space in the midpalm and unquestionably a severe psychological handicap. Ray transfer can be performed. In this case, after excision of the ring finger and the fourth metacarpal, an osteotomy is performed on the base of the fifth metacarpal and the little finger transferred to the fourth metacarpal base. Certainly, one finger is missing. Nevertheless, the appearance of the hand is virtually normal and few laymen note the defect.

Reconstruction of the rheumatoid hand has been another area of great activity for the Hand Surgeon. Prior to the 1920's these patients were not operated upon. There was an incomplete understanding of the pathological anatomy of the deformities, there was the fear that anaesthesia in the rheumatoid patient carried excessive risks and many were afraid that surgery would exacerbate this disease. Advances in rheumatology, anaesthesia and in Hand Surgery have allowed these unfortunate patients to be greatly improved by appropriate reconstructive procedures.

Deformities in the rheumatoid hand occur because of soft tissue imbalance and joint destruction. We have learned to diagnose the specific causes of imbalance such as tight intrinsic muscles, dislocated extensor tendons, and flexor tendons, weakened collateral ligaments and boggy synovium within the joint and about the tendons. Techniques have been developed whereby synovium can be

excised, collateral ligaments strengthened, tightened muscles relaxed or transferred, ruptured tendons replaced and weakened muscles strengthened. Balance of the hand can be restored. Advances in joint arthroplasty have allowed us also to successfully replace destroyed joints about the fingers and hand with implants of silicone which help mold and form strong, new joint capsules. Results of most rheumatoid hand surgery have been gratifying as the patient is often relieved of pain, and the function and appearance of the hand is greatly improved.

What future advances do we see in Hand Surgery? Surely we can hope for improved surgical techniques and apparatus, particularly regarding microsurgical techniques so that blood vessels and nerves can be more atraumatically joined. Artificial limbs are now being constructed to provide a sensory input at the ends of artificial fingers. Perhaps in the future, these prostheses can be motorized by transistors in the brain. Then, one would only have to think in terms of flexing his fingers and the electrical cortical impulses would motorize the prosthesis. Tendon surgery still has many problems which must be solved. The use of good tendon prostheses which can be firmly attached both proximally and distally would be of great benefit. Surgery of the Hand is a relatively new field. There is much we still have to learn about it. I would hope that at your 150th Anniversary we can all return to discuss the advances in Hand Surgery since the old days of 1973.



# TELEDIAGNOSIS: A Shared Adventure

*Kenneth T. Bird, M.D.*

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*Associate Physician, Massachusetts General Hospital*

**SUMMARY:** In January 1963 the Logan International Airport Medical Station of the Massachusetts General Hospital became a direct physical extension of the Hospital into the community. The nurse, in an extended role, became the key provider in this unusual setting. Physician clinicians, in contrast to nurse clinicians, were in attendance only 4 to 6 hours of our then 24 hour a day assignment. It was easily confirmed that the nurse clinician could indeed elicit an appropriate history, perform a topographical physical examination and accurately define a patient's problem. In April 1968, after many months of mutual planings and discussions telediagnosis, meaning diagnosis at a distance, was initiated. During an intensive period of two and one-half years thereafter, telediagnosis was fully delineated as a viable entity. The success of telediagnosis, of teleconsultation, the emergence of telemedicine and the delineation of interactive television as a major new mode of service delivery and of education came about primarily because of the skill and attention which the nurse clinicians at the Medical Station contributed. Telepsychiatry and teledermatology are major examples. Both came about through the gentle per-

sistent efforts of our Medical Station nurses as a group but one in particular, Miss Marie E. Kerrigan. As with ether, which may or may not have originated here, so too with telediagnosis and its full flowering, telemedicine. Many of us will remain convinced that both emerged here. Our personal satisfaction and achievement is gratefully shared with Miss Edna S. Lepper and Miss Mary E. Macdonald.

## THE VERY START

In October 1960, a jet aircraft, when taking off from Logan International Airport ingested a flock of starlings and crashed into Winthrop Bay. Volunteer nurses and physicians responded in abundance. The ambulance services upon notification immediately acted and numerous ambulances were available. In fact, there was almost an over-abundance of medical support. In an attempt to provide a more coordinated type of response to this type of disaster, the then director of the Massachusetts Port Authority came to the then director of the Massachusetts General Hospital. From this dialogue the Logan International Airport Medical Station of the Massachusetts General Hospital emerged and on January 3, 1963, a small compact medical facil-

ity opened in the former South Terminal Building of the airport complex.

At this time I can recall many discussions with many nurses about the best way to identify the new type of nurse who staffed the Medical Station 24 hours a day. Physician attendance was limited to a 3-hour attendance in the morning and in the late afternoon: a total of 6 hours daily. Two factors justified this type of physician attendance, the time of changing of work shifts and the peaking of passenger flow during these hours.

Without Miss Edna Lepper, then the Director of Nursing Services, this quiet and largely unnoticed task apportionment revolution in health care delivery would have been delayed for years. The time had indeed come for the nurse to assume a new role in patient care. The problems were many including the difficulty of selecting a proper name for the type of professional nurse who was to become the primary care provider at this brand new type of ambulatory care facility. Incidentally, many of the current phrases such as *ambulatory care facility*, *health care delivery*, and *primary care provider* which are a familiar part of the jargon of today were unknown during 1962 when the plans were made to open the Medical Station in 1963. I cannot really remember when I decided I liked the term *nurse clinician* best. But, prior to this time a reasonable description of this new type of nurse had been reached: the nurse clinician is a professional nurse who is able to act independently and appro-

priately in an ambulatory care setting at a site apart from the hospital. The Medical Station nurse does not work in a hospital environment, a place where any number of other nurse specialists or physicians are immediately available. This nurse works apart from the hospital but always in accordance with the hospitals mores and behavioral code. The nurse clinician, by this definition, is a full professional who is able to meet a patient with a primary undifferentiated clinical problem and to assume on-going responsibility. This ability to assume an on-going responsibility separates the child from the responsible adult, the girl from the woman, the adolescent from the lady . . . and the boy from the man. This type of nurse is able to elicit a chronological history, to delineate the primary problem and to define many specialized facets of the specific history including the geographic, occupational, and the behavioral. The nurse clinician is able to complete an accurate topographical physical examination and by combining a series of these local organ system physical examinations is able to complete a detailed total physical examination. She is then able, to the level of her own professional competence, to elaborate on the indicated data base, order tests and request x-rays examinations in order to plan and initiate management of the given patient. But like her fellow professional, the physician, she may refer the patient to another health care professional, often but not always her physician associate, for appropriate consultation and fur-

ther management.

Parenthetically, I stopped talking about task allocation several years ago in this type of coordinated patient care. To allocate has a military overtone implying an order. In fact, its original derivation means to assign by lot. There is no role for task allocation between professionals delivering health care. Accordingly, I prefer the term *task apportionment*. To apportion means to divide and proportion with justice. And somehow to divide and proportion the heavy responsibilities of patient care seems to me to be a better way to share.

## CONSULTATION BY TELEPHONE

It is difficult to explore and to introduce a change and yet stay within the limits set by sometimes outdated legal regulations. And yet, back in 1963 there was a need for change. There was a need to develop task apportionment. There was a need and there still is to provide ambulatory care centers, of the type represented by the Medical Station, in order to be certain that expert health care be made available to all who see it. And so began this phase of our shared adventure of practicing medicine by telephone. This indeed offered the first glimmerings of telemedicine. The nurse learned from her own experiences about the need to elicit a history in proper chronological order. She also learned about the need to be able to use the four major parameters of physical examinations in order to improve her care of the patient. These parameters are well known to

every medical student and are indelibly embossed within the cortex of every physician. They are:

- Inspection.
- Palpation.
- Percussion.
- Auscultation.

Before telediagnosis began the telephone calls often late at night when all illnesses and injuries are exaggerated went like this:

"Doctor, I have a twenty-seven year old aircraft mechanic who says he has a sore throat. His vital signs are normal."

And then a silence.

My standard answer was, "Yes, and what else?"

"What do you mean, What else?"

"Well, does he?"

"What do you mean?"

"Well, what does the throat look like? Does he have laryngitis? And what about his tonsils and his cervical nodes, and the rest of him? And does he have ear trouble or difficulty in swallowing?"

Then invariably there was a pause.

"I see what you mean. I'll call you back."

This exchange was a classical one and always friendly but its message was clear. There was a need for inspection and in the case of a sore throat for palpation external of the neck. Are there cervical glands and are they enlarged? Are they tender? And so the evolutionary process with its revolutionary implications began. The nurse became a different type of observer. She also began to observe as the physician had been

trained to by his teachers. She too became concerned with better problem definition and the integration of the chronological history with the major problem noted by the patient. The history in turn had to be correlated with pertinent selected features of a topographical physical examination. In this way the nurse clinician-physician clinician dialogue grew to its present form.

Gradually a warm sense of competition and mutual tolerance and understanding emerged. The nurse tried mightily though casually to outwit me by the telephone presentation of a history and topographical physical examination which would do credit to virtually any house officer or resident here at the Hospital. The conviction also grew that the time had come for the introduction of interactive television into the practice of medicine. Task apportionment at the Medical Station had been defined and demonstrated. Telecommunications using the telephone had succeeded and the technology to introduce bidirectional or interactive television (IATV) was all around us.

## BETTER THAN THE TELEPHONE

There is a growing tendency in medicine today to use the Problem Oriented Medical Record. At the Medical Station even back in 1963, the nurse clinician and the physician clinician soon discovered by themselves that the ability to focus upon the problem or problems of a given patient permitted the most satisfactory way to allow the process of clinician communication to develop.

And especially when the telephone had to be used. To delineate the patient's problem and to separate this type of information core from the surrounding unrelated information was indeed a challenge for the nurse clinician. To then be able to add the pertinent features of the physical examination to the verbal presentation to the physician directly or more importantly by telephone became one of the most exciting landmarks in the emergence of the nurse clinician at the Medical Station out-of-hospital-site.

A common language had to be used. The language was that of anatomy, of surface topography and of dermatome distribution. The volar surface of the hand, the internal malleolus, the epitrochlear node and popliteal space became part of our telephone conversations when the physician was reached by a radiotone call. Interspersed were the descriptive phrases: acute infection of the pharynx, medium basal rales, rebound tenderness, vibratory sense and ballottement.

The physician was able to clearly visualize the patient from the descriptive process.

## THE NATURE OF TELEDIAGNOSIS

The idea which developed and grew at the Medical Station coincident with the success of task apportionment was that it might be possible for a physician within the Emergency Ward of the Hospital to see and examine a patient at a distance by a special type of two-way television. Essential in this concept was the nurse clinician at the side of



the patient. The magic of television is that it can be made confidential. Part of the idea was that the television camera at the Medical Station should be under the full control of the physician and that it could be used to carry out one of the major parameters of physical examination, namely inspection. It was thought that a simultaneous two-way voice communication circuit would allow the physician clinician and the nurse clinician to talk with the patient as if all were in the same room beside the patient. Now add to this idea the possibility that the patient and nurse clinician could also see the distant physician by return and the possibility of telediagnosis emerges. Telediagnosis was a term coined to mean diagnosis at a distance. Telemedicine is the practice of medicine at a distance using bidirectional or interactive television supplemented with diagnostic and monitoring devices. Telemedicine at a primary care site is only made possible by the professional nurse in an extended role. Between 1968 and early 1971 telediagnosis was established at the Medical Station of this Hospital. Out of telediagnosis, diagnosis at a distance, came the realization that many patient care consultative services could be supplied from this great Hospital using two-way confidential telemedicine circuits. With a little further imagination it is easy to see now the skills of all of our health care professional experts can be brought to patients virtually anywhere in the world. Quality medicine and easy patient accessibility to the best of health care is now made possible by the vehicle of interactive television.

Telemedicine today is only in its infancy. We can project the eyes and the ears of the physician out into the distance. We need a variety of new sensor devices to help in the process of improved physical examination. They are being conceptualized already.

## NURSE CONCERNS

From the very start of telediagnosis discussions with nurse clinicians at the Medical Station, there was one major concern of the nurse. I mention this only to give you the proper historical perspective. This concern is clearly stated in the following question, "How will I look on television?" Just imagine! This brand new type of nurse, the nurse who could react with calmness and cool to every type of acute illness or serious injury in any patient who presented at the Medical Station at any time of day or night was not concerned with:

- How will I activate the circuitry.
- How will I be able to present the history to the telediagnosis physician.
- How can I be sure that my patient examination findings will be satisfactory to the telediagnosis physician.
- How will I maintain face with that telediagnosis doctor who obviously knows a lot more about a cardiac crisis than I do.
- How will I react and what will I ever do if I can't turn the stethoscope on!

None of these situations were of major concern to the Medical Station nurse clinician. She knew that she was capable. She knew that she would do her professional best. She

knew that the circuitry would be simple enough so that even the physician could use it! She had no major professional concerns or reservations about the use of telediagnosis and yet she was totally human . . . and female. How will I look on television? To me they looked great. And they still do.

Of course, all of us had to learn how to use the electronic stethoscope and how to use the nurse camera or the remote camera to transmit the best possible picture to the telediagnosis room in the Emergency Ward back at the hospital. To zoom in or to zoom out or to adjust the iris control to give the best possible picture took a few hours or at the most a few days of actual "flight time." We practiced together and we actually did schedule flight time with each other to be certain that we could manipulate instrumentation in order to monitor the patient pulse or electrocardiogram and to use the telemicroscopy for examination of blood smears and urine sediments with skill and with speed.

The early weeks and months of our shared adventures in the development of the telediagnosis are filled with pleasant memories and anecdotes of our diagnostic and therapeutic successes practicing medicine by means of two-way television. And several basic observations emerged.

One relates to the need for the nurse clinician to be able to elicit a proper chronological history and to thus define the major problem or problems. One doesn't listen to the history, one extracts the history from the patient by means of carefully

selected questions which must follow the subtle nuances of the patient's verbal responses and his non-verbal behavior. Another detail which became crystal clear was that the nurse had to become comfortably familiar with all of the terms used in the physical examination of the patient. These include the styloid process of the ulnar, the thenar space, the antecubital fossa, the upper cervical triangle, the crural surface of the leg, the external malleolus, the epigastrium, the hypogastrium, and the angle of Louis along with the aortic valve area and many others. In addition to knowledge of the body surface anatomy and major topographical landmarks, the nurse clinician developed skills in the performance of physical examination. It is one thing to watch the neurologist elicit the ankle reflexes or demonstrate ankle clonus. It is totally different when one is expected to conduct a physical examination and to demonstrate the pertinent physical finding to the telediagnosis physician. Ballotemen of the abdomen, examination of the eardrum, the detection of abdominal peristalsis, and the decision as to the presence or absence of fluid in the knee joint are skills readily developed if the nurse has the desire to become a nurse clinician.

## THE VERY START OF TELEPSYCHIATRY

As our experiences with telediagnosis grew, it became obvious that somehow interactive television augmented the process of communication. But back in 1969, we had fewer explanations about this apparent potentiation than we do now. It is

to the direct credit of Miss Marie E. Kerrigan, then as now, Chief Nurse at the Medical Station, that all of us became increasingly aware of the potential usefulness of interactive television in remote psychiatric diagnosis, remote crisis intervention, and remote on-going psychiatric treatment. Pragmatist, that she is, Miss Kerrigan when faced one day with a patient at the Medical Station who had suspicious manifestations of an acute psychosis immediately telephoned the Acute Psychiatric Service. She *wondered* in her quiet, but ever so convincing way, whether the psychiatrist could possibly examine her patient via the relatively new telediagnosis circuitry. It is too much to call it coincidence. The constellation was indeed right. Miss Kerrigan's quiet will prevailed. Dr. John Clark was able to respond. Not only did he respond but he was able to provide a psychiatric diagnosis and initiate management. Miss Kerrigan was then able to arrange for a series of interactive teleteaching activities and Dr. Clark became a regular telepsychiatry consultant and teleteacher of psychiatry for the Medical Station.

By late 1970 the three year grant from the Public Health Service for our Telediagnosis study was almost over. But not all of our grant funds had been consumed. Therefore, we requested permission to extend the grant proposal activity by six months and concentrate on a more formal explanation of telepsychiatry. This was a very delicate subject. It was one thing to talk about the use of telediagnosis in somatic disease but

to interfere with or alter the classical direct co-presence i.e. face to face confrontation of the patient and his psychiatrist was indeed a delicate undertaking. Dr. Leon Eisenberg, Chief, Psychiatry Department, listened to our proposition, came, took part and rather enthusiastically agreed to support this study of telepsychiatry. The ability to decide and to take part in the process of change separates the men from the boys. And so, Dr. Thomas F. Dwyer, MGH psychiatrist, volunteered to examine a series of patients selected by nurse clinicians at the Medical Station. The selection criteria were easy. Any patient whom the nurse clinician felt had either a psychosis or a severe neurosis was eligible. At this time the definitive saga of telepsychiatry began.

Dr. Thomas F. Dwyer established telepsychiatry as a viable entity. He was repeatedly able to perform a totally satisfactory psychiatric evaluation at a distance to establish a correct diagnoses. He was also able to practice on-going therapy as have all subsequent psychiatrists who have taken part in telepsychiatry.

Thus, in my biased enthusiastic opinion, telepsychiatry was first defined and clearly established at the Massachusetts General Hospital thanks to the nurse clinicians at the Medical Station. The idea that certain patients seen at the Medical Station by a nurse clinician alone, or even after a physician clinician visit, could be best served by an immediate psychiatric consultation was reasonable. After all this was one of the reasons why the Acute Psychiatric

Service (APS) was established. As noted, the original dialogue with Dr. Clark was totally successful. He was indeed able to offer satisfactory psychiatric assessment via our telediagnosis circuitry. Furthermore, he became intrigued and began a series of interactive television (IATV) teaching discussions with the nurse clinicians at the Medical Station regarding the nature of certain acute psychiatric conditions. I mention this specifically because I have learned to be on the alert when Miss Kerrigan, or any one of the other nurse clinicians, at the Medical Station start a discussion with "Dr. B., I wonder whether. . . ." In the peculiar language of the Medical Station nurse clinician, the term "I wonder whether" has great significance. It means essentially that after much thought and consideration, "I have decided that . . ." or it means that "Starting now why don't we . . ."

I am sure that nurses everywhere have learned how to use this approach to initiate change with the physician.

## TELEDERMATOLOGY BEGINS

In order to further improve health care provider services, the skills of certain experts must be more readily and more widely distributed. Dermatology is a classical example of the need for an expert in diagnosis and treatment. From the very start of telediagnosis, Dr. Thomas B. Fitzpatrick has given liberally of his time to the development of teledermatology or the practice of dermatology at a distance. A doctor-doctor consultation via telediagnosis with the referring physician in the presence of

the patient is easy and straightforward.

Teledermatology was introduced by Dr. Fitzpatrick early in 1969 at the Medical Station and for over two years now he has also maintained a teledermatology clinic at the Bedford Veterans Administration Hospital. Within the past few months he has conducted a teledermatology clinic regularly at the Medical Station. Patients at the Medical Station are seen at the telemedicine site within our telemedicine center. Patients at the Medical Station with complex skin problems may be identified by either the physician clinician or the nurse clinician. Teledermatology represents one of the several excellent examples of task apportionment in medicine. The nurse clinician readily presents the patient to Dr. Fitzpatrick or sometimes to Dr. Harley Haynes. This is done in the classical fashion with the appropriate history presented by the nurse. She then identifies and describes the nature of the eruption. The teledermatologist is able to readily talk to the nurse or the patient or to both, and at the same time visualize the dermatitis in meticulous detail using either the remote control camera or the tripod camera which the nurse casually positions to show the distribution, pattern and detailed morphology of the skin problem. The nurse clinicians at the Medical Station first demonstrated that teledermatology could be readily carried out with the aid of the distant specialist.

## CONCLUSIONS

The nurse clinician, a professional nurse working in an extended role,



at an out-of-hospital site can accurately define the problem or problems of ambulatory care patients. Management can then be planned and specific therapy initiated alone or in conjunction with a physician.

By necessity the training of the nurse clinician differs from that of the physician. The ability to elicit a sequential history from the patient with its chronological order and occupational and geographic overtones is a major requirement for the nurse clinician. Awareness of anatomical details with special reference to topographic landmarks clearly facilitates improved care of the patient by the nurse clinician.

Knowledge of the history and the pertinent physical examination findings facilitates communication and hence understanding between the nurse clinician and the physician clinician.

This type of interplay between the nurse clinician and the physician clinician is a major factor responsible for the successful introduction of telediagnosis at the Medical Station of this Hospital.

With telemedicine circuitry or interactive television (IATV) virtually ideal task apportionment in health care delivery becomes possible.

Task apportionment and proper use of telecommunications best identified as telemedicine has become a totally new way for optimum, efficient delivery of human care services.

Telemedicine is a mechanism or a vehicle for the delivery of health care services. Telemedicine is not a substitute for the physician. The fact is concrete and absolute; there is no

substitute for the physician . . . nor for the nurse. But telemedicine does indeed offer an extraordinary way for health information exchange. Interactive television permits the use of broadband real-time telecommunication circuitry and systems for the augmentation of health care delivery and especially teleconsultation. Health information exchange, or teleconsultation is the largely unrecognized dividend from these original telediagnosis efforts. Without information exchange between and among the health care providers (the nurse clinician and the physician clinician), optimum consumer care cannot occur. The concept and practice of telemedicine augments the usefulness of the physician and the nurse. It will make expert consultation available to all once we develop a terrestrial telemedicine network and place the first Human Care Satellite high up in outer space directly over the Massachusetts General Hospital and its School of Nursing.

### **Quarterlies Returned Correct Addresses Needed**

Wendy Lawrence Abbott '72

Joan Corbett Corea '64

Elizabeth A. Halloran '73

Claire F. Jackson '72

Karen Kiley Jackson '69

Carol Manning Milbury '64

Valerie M. Tompkins '71

## Centennial Awards

At the Centennial Banquet fourteen awards were presented to alumnae in recognition of their contribution and that of fellow alumnae in respective fields of Nursing. In this issue we would like to report on five of the recipients.

The following are the introductions given by Margaret Harrington Anderson, Alumnae President, as she presented each recipient.

### WALBORG PETERSON — International Nursing

Walborg L. Peterson is dedicated, conscientious, persevering, loyal, modest, with a strong equanimity. She is "Petie" to classmates of MGH, "Miss Pete" in Haiti.

She was born in Brockton, Massachusetts, attended Brockton schools and graduated from the Massachusetts General Hospital Training School for Nurses in the Class of 1926. She was head nurse at Moore Hospital, Brockton and Medical Ward 30, MGH, as well as first head nurse in Baker Memorial. She was surgical supervisor at MGH and Executive Assistant to the Director, Massachusetts Eye and Ear Infirmary and MGH Outpatient Department.

In 1939 she volunteered with the American Red Cross for overseas duty. In May 1940 she crossed the Atlantic on a Dutch merchant liner without convoy. The liner was strafed by enemy planes but reached Liverpool. She served as head nurse and supervisor or Second Assistant to the Chief Nurse at the American Red

Cross Harvard Field Hospital Unit, Salisbury, England.

From 1942 to 1956 she was Executive Assistant to the Director, Massachusetts Eye and Ear Infirmary.

From 1956 to 1972 she was Directress of Nurses, Hospital Albert Schweitzer, Deschappelles, Haiti.

From 1972 to 1973 she was Executive Assistant to Dr. and Mrs. William L. Mellon, Jr., Hospital Albert Schweitzer, Deschappelles, Haiti.

### EDITH PALMER — Volunteer Community Service

Edith Morse Palmer is a homemaker and conscientious, contributing citizen who is loving and giving, sincere, modest, attuned to youth and strong in social consciousness.

She was born in Salem, Massachusetts, grew up in Concord and graduated from the Massachusetts General Hospital Training School for Nurses in the Class of 1928.

In 1929 she married Robert S. Palmer, M.D. They have four children, three boys and one girl, Judith Palmer Muggia who graduated from the MGH School of Nursing in 1959. All are now married and there are eight grandchildren.

Other long standing interest are prison reform, planned parenthood, volunteer tutoring and special concern for foreign students at MGH during their period here and through correspondence dating back to 1948.

Edith has been active as a Volunteer in the Clinics at MGH since 1947. She had maintained a hyper-tensive study for her cardiologist hus-

band during World War II. She also served as a volunteer in nursing during the polio epidemic in 1955. She has given a total of approximately 15,000 hours of volunteer service. In 1967 she received the annual Jessie Harding Award for Volunteer Service.

#### THELMA INGLES —

##### Nursing Education and Research

Some of the following publications of Miss Ingles indicate the breadth of her interest in nursing education and patient care. The Professionalization of Nurses with Dr. John McKinney (*Nursing Outlook*, June 1959); The Series of Case Studies in *Nursing Outlook* (February, March, April, May, December 1958), The Worst Patient; Mrs. Belmont, a Good Patient; Mr. Parker, a Bad Patient; Margaret, an Uncooperative Patient; Cora, Who Didn't Understand; and A Concept of Nursing Practice (*International Nursing Review*), April 1966.

In her short, modest note to Madalene Calogiro, she indicated that her special interests are nursing education for patient care and nurse practitioner problems, The Ladder Curriculum, and International Nursing, Latin America and the Far East. These interests again are demonstrated in her articles published in the *American Journal of Nursing*, *Archives of Internal Medicine*, *The Rhode Island Medical Journal* and *Nursing Outlook*.

Miss Ingles is presently a Consultant in Nursing for the Rockefeller Foundation. She began her varied and interesting career at UCLA from which she graduated with a B.A. in

English. She received a diploma in nursing, MGH 1936, and an M.A. in English from Case Western Reserve. She continued with a preceptorship with Dr. E. A. Steal, Chairman of Medicine, Duke University Medical Center with Majors in physiology and medicine (1956-57). Her post-masters from the University of California at Berkeley with majors in sociology and public health followed. She has served as an Educational Director of the University of Virginia School of Nursing. She was Director of Nursing in Istanbul, Turkey. At Duke University she served as Assistant Professor, first in the B.S.N.Ed. program and later as Chairman of Medical and Surgical Nursing and of the Masters Program for Nurse Practitioners.

It is with great pride that we present Miss Thelma Ingles this award in recognition of the work which she has done and is doing in the ever changing world of nursing education and nursing research.

#### RUTH FARRISEY —

##### Administration of Nursing Service

Ruth M. Farrisey, a native of Lawrence, Massachusetts, graduate of the Class of 1938, recipient of a Certificate in Public Health Nursing, Simmons College School of Nursing; a Bachelor of Science Degree, Simmons College School of Nursing; and a Masters in Public Health Degree, Harvard University.

Her professional career during the past three plus decades has included service as a staff nurse, community health nurse practitioner and administrator and a faculty member in two Schools of Nursing, including her

own. For the past twenty years she has worn a two-crown tiara as Executive Officer of the MGH Ambulatory Service and Administrator of its Nursing Services, which currently include the hospital based clinics and three satellites, the Bunker Hill Health Center, the Logan Medical Station and, most recently, the Chelsea Health Center. One of these crowns and one of these services would challenge the fortitude of any ordinary mortal. But herein rests the secret — Ruth Farrisey is no ordinary mortal!

Administrator par excellence, an undaunted and intrepid blazer of new trails, but also the competent technician of orderly change. An outspoken champion of patient's rights and a sedulous promoter of needed health care services, but also possessed with an intimate knowledge of the personal needs and idiosyncrasies of hundreds of those clients who enter daily through the many portals of her emporium. One can point to many monuments of the institution's fame that wear the deep strokes of her creative genius and artisan skill — the satellite Health Centers, the Pediatric and Adult Nurse Practitioner Programs, the Patients Activities Program — to mention a few.

But behind the substantial stockpile of professional accomplishments and contributions is the real Ruth, kind, caring, colorful! An administrator, yes, but one who is capable of:

— Stopping and stooping to sooth a trouble brow, be it client, family or staff member, while on her way to a department

session prepared to unload a barrage of provocative expletives.

— Rendering a complete historical review of the cultural ethos of the various segments of our urban districts while on her way to a meeting at one of her satellites.

— And, yes, capable on occasion of serving the most potent of whiskey sours at an at-home session with an administrative colleague when possessed with a hidden agenda.

Competent, creative, productive — kind, caring, colorful! Alma Mater honors herself in bestowing this award on her faithful daughter, Ruth M. Farrisey.

MARY E. MACDONALD —  
Nursing Education and the  
Administration of Nursing Service

Prepared with a Bachelor's Degree from Emmanuel College earned before admission to the MGH School of Nursing and with an orientation to teaching as senior student assistant in science, Mary went directly into teaching as Instructor in Sciences at the Worcester City Hospital. Her interest in collegiate education in nursing began early. She was Director of Education and Coordinator of the Collegiate Nursing Program conducted by the Burbank Hospital and Fitchburg State College. At Boston College she was appointed Assistant Professor of Nursing and Director of the Basic Nursing Program. At the University of Massachusetts she was successively Associate Professor of Nursing Education and Coordinator of the Basic Pro-



gram, Professor of Nursing Education and Coordinator of Basic Program, and Associate Dean and Professor of Nursing Education.

Meanwhile, Mary had secured her Master's Degree at Teachers College, Columbia University and had done post-masters and doctoral study at Harvard Graduate School of Education, Catholic University and Boston College Graduate School of Arts and Sciences. Four Learned societies and Emmanuel College honored Mary's scholastic achievement.

She has participated actively throughout her career as a member of numerous committees of the American Nurses Association, the National League for Nursing and their State Associations. She has acted as educational consultant to a large proportion of the Schools of Nursing in Massachusetts and is now serving as a member of the Panel of Nurse Consultants Committee of Nursing of the American Medical Association.

Time has been given to research studies for both the State and the professional organizations. She has written comprehensive reports and published many articles.

Following in the footsteps of some of her noted MGH predecessors, Mary has become a leader in nursing legislation working to prevent unsound reorganization of the Massachusetts Board of Registration in Nursing, to maintain a sound plan for nursing education in Massachusetts and to assure the delivery of safe and progressive nursing care to the citizens of the Commonwealth.

In 1967 Mary was Director of

Analytical Studies in Nursing, Department of Nursing, MGH.

In 1968 she was appointed Director of the Department of Nursing.

Tonight the MGH Alumnae honor Mary Macdonald for her past contributions to Nursing and Nursing Education, for the ability and achievement already demonstrated by her progressive program of administration, her dynamic leadership of the nursing staff and her hospital-wide influence in the continuing improvement of patient care at the MGH.

## **Centennial Cup and Saucer Available**

A Wedgewood cup and saucer commemorating the Centennial of the School of Nursing is being sold by the Alumnae Association. Issued in a limited first edition, the cup and saucer were designed to match the plate commemorating the 150th anniversary of the Hospital. The cup and saucer may be purchased for \$10 at the Alumnae Office. Profits will be used to give financial aid to students and graduates of the School.

Mail orders will be filled. There is an additional cost of \$3.00 for postage, insurance and handling. Make checks payable to MGH, Alumnae Association.



Members of the Class of 1948 enjoying the Centennial. Jean Stockwell Patch, Helen Wanionek Johnson, Barbara MacDonald Ranson, Constance Zopatti Cullinane, Jean Williams Bates, Phyllis LeShane Anderson, Norma McEdward Dodge, Frances Dillard Briscoe, Mary McQueston Patterson, Mildred Savoie Tellier, Hazen Schuerer Jezienny, Patricia Kenna Craffey, Marjory Wood, Dorothy Tufts Gordon, Marilyn Merrill Conthell, Virginia DeLong Kalvin and Jane Bicknell O'Keefe. (Photo #145 & #140)







More members of the Class of 1948. Alice Martinez Yanyilles, Marianne Foster Cosgrove, Kathleen Dee Horgan, Teresa Casella Stepp, Margaret Higgins, Jean Borggaard Keller, Eloise Smith Howlett, Patricia Sullivan Conefrey, Janet Scott, Marilyn Towle Van Saun, Theresa Deschenes Bouthillette, Wenonah Marble Griesemer, Patricia Northbridge Clemente, Arlene Wink McNamara, Constance Palmer, Anna Towhill Smith, Ruby Sundeen Phipps, and two unidentified members. (Photo #148 and #143)



# Annual Alumnae Reports for 1973

## *President's Report*

The past centennial year was an exciting one and while busy was an extremely rewarding year for all. Now it is time to return to the less exciting, but equally rewarding business of the Alumnae.

After much discussion and debate, a dues increase was voted on and approved in 1973. This is the first year that the increase is being reflected in the budget. Miss Beverly Thoren who is past president of the Alumnae made several suggestions which were discussed and acted upon by the Board. These suggestions will be reflected in more stable accounts for all our needs.

This coming year will bring many changes in nursing — every year more and more change. The Board will focus and re-focus on the mission of the Association and see where we need to remain the same or where we need to change. These issues will be brought to all the alumnae for discussion. Individual members who have suggestions or ideas are urged to communicate them to the Board so that we can service the membership.

The Trustees of the Massachusetts General Hospital are exploring new ways of offering nursing education. Miss Dorothy Mahoney '52, a faculty member of the School was most gracious and clear about presenting the various alternatives which are being suggested to continue the education of nurses.

As everyone is aware the cost of educating the students from the student's point of view and the institution's is enormous.

Social, economic and educational forces are affecting nursing, as they are every profession, and we will within a year see how these will affect our School.

You will be appraised of what is happening.

— *Margaret H. Anderson*

## *Program Committee*

The entire efforts of the Program Committee during 1973 were directed toward the Centennial Celebration.

Members of the Committee:

### Alumnae

Adele Corkum  
Yvonne Arikian Foley  
Edna Lepper  
Margaret Partington Munson  
Kathryn Pazola  
Sylvia Perkins

### Faculty

Ann Cahill  
Frances Gibbons  
Natalie Petzold  
Helen Sherwin

— *Mary Flannery Caira*

— *Catherine Goss Barrett*



## *Alumnae Secretary*

1973, the Centennial year was a year of anticipation for those of us who work in the Alumnae office. It was a year of joy, waiting to greet old friends and former classmates, but tinged with a little sadness for some of our great earlier graduates who wanted to return "home" were unable to do so.

In some ways our chores were lessened and in others greatly increased. We did not have the responsibility of the pre-registration for the September celebration, but Mrs. Robbins was kept busy for several days copying class lists to give to the Centennial office. This was when we learned that despite our efforts of the past few years, many of our addresses were still out of date. Thanks to Mrs. Calogiro and the perseverance of several of our members, we received current addresses on graduates who had had no contact with the School or Alumnae for a long period of time.

Our membership for 1973 totaled 1657.

At the close of 1972 when we had to transfer money twice from our savings account to make our checking account operate effectively, the Alumnae Board members decided that it was time to take some action on the dues.

During the Annual meeting in January 1973, a lively discussion was held regarding an increase. We had been able for over a decade to keep the dues at \$5.00 yearly despite the mounting costs in every area. For example in 1960 the cost of postage for a copy of the Quarterly Record ran from 4¢ to 6¢, in comparison the Fall 1973 issue costs 20¢. Quarterly expenses 1960 (\$1,455), 1973 (\$6,401); Printing 1960 (\$548), 1973 (\$1,138). I could go on and on.

The Fund drive remains fairly constant. We received \$8,081 from 650 graduates. We are deeply grateful to the class members who, year after year, take on the responsibility of sending out these letters.

In the Spring we were delighted to receive the lovely watercolor Seascape, painted by Marilyn Costello Lehmann '45. The money for this painting had been donated by the class of 1920 at their 50th reunion. It was well worth waiting for.

Due to family circumstances one of our volunteers was unable to continue her assistance for most of the year, but plans to return at a later date. My sincere thanks to Miss Williams, Mrs. Robbins and the members of the Alumnae Board who help share the responsibilities of the office.

I am deeply grateful to the Alumnae members for the recognition afforded me at the Centennial Celebration.

— *Evelyn L. Lawlor*

## *Recording Secretary*

The Alumnae Board held 9 regular meetings to transact the business of the Association. Many discussions were held concerning the expenses of the Alumnae Association, and ways of reducing same.

During this Centennial year time was also spent in discussion of and preparation for the Centennial Celebration.

— *Catherine H. Boyd*

# *Finance Committee*

## BUDGET REPORT 1973

	<b>Estimated 1973</b>	<b>Received 1973</b>	<b>Estimated 1974</b>
Membership Dues	\$ 8,000.00	\$12,740.00	\$14,610.00
Annual Fund	8,000.00	8,081.87	7,000.00
Income from Savings	1,000.00		1,000.00
Miscellaneous	750.00	4,778.90	1,000.00
Transfer from Bal. on hand	4,575.00		
	<b>\$22,325.00</b>	<b>\$25,600.77</b>	<b>\$23,610.00</b>

	<b>Estimated Misc. 1973</b>	<b>Received Misc. 1973</b>	<b>Estimated Misc. 1974</b>
Homecoming			\$ 800.00
Centennial	\$ 500.00		
Gifts of Clubs	200.00	\$ 200.00	200.00
Other	50.00		
Return from Representative to ANA		67.70	
Gift towards office picture		25.00	
Centennial Registration included Fund Drive ck.		15.00	
Sales & Postage		4,471.20	
	<b>\$ 750.00</b>	<b>\$ 4,778.90</b>	<b>\$ 1,000.00</b>

## PROPOSED BUDGET FOR 1974

<b>BUDGET</b>	<b>Estimated 1973</b>	<b>Actual Expenditures 1973</b>	<b>Estimated 1974</b>
Secretaries & Tax	\$ 6,700.00	\$ 6,690.66	\$ 7,500.00
Petty Cash & Office	100.00	54.87	100.00
Unemployment & filing	200.00	234.76	240.00
Quarterly Record	7,225.00	6,401.43	8,000.00
Printing & Postage	1,500.00	1,137.60	2,000.00
Telephone	75.00	17.46	75.00
Auditor	350.00		350.00
Service	650.00	464.44	650.00
Fund Drive	600.00	536.84	600.00
	<b>\$17,400.00</b>	<b>\$15,538.06</b>	<b>\$19,515.00</b>
<b>Student Activities</b>			
Corsage & Flowers	200.00	186.00	200.00
Dinner	450.00	411.14	450.00
Ad in Year Book	75.00		75.00
Scholarships	1,600.00	1,600.00	1,600.00
	<b>\$ 2,325.00</b>	<b>\$ 2,197.14</b>	<b>\$ 2,325.00</b>
<b>Meetings</b>			
Social Hour NLN	100.00	100.00	50.00

Program, maid, refresh.		18.95	20.00
Homecoming			1,000.00
Centennial	2,000.00	1,864.21	
	\$ 2,100.00	\$ 1,961.89	\$ 1,070.00
Alumnae Rep. to NLN	400.00	400.00	600.00
<b>Gifts and Contributions</b>			
NLN Allied Agency			
Membership and Donation	100.00	100.00	100.00
Other Special Gifts		324.40	
	\$ 500.00	\$ 824.00	\$ 700.00
<b>Miscellaneous</b>			
Refund overpayments		32.00	
Print — Centennial Review		29.87	
Filing Fee		3.00	
Bank charges		1.98	
Special Christmas Gifts		20.00	
Trans. to Savings		5,000.00	
		\$ 5,086.85	
TOTAL BUDGET	\$22,325.00	\$25,608.34	\$23,610.00
			— Rita Sidman

## *Quarterly Record*

Historical events were published in the Centennial issues so that in addition to their immediate interest they would be on record. The Fall issue contains the reprint of the programs. All of Miss Sleeper's introductions will be printed and the Doctor's reports will be in the Spring issue. These issues of the magazine will be larger than usual but it is necessary to record the commemoration of a Centennial Celebration.

— Judith Harding Dougherty

## *Nominating Committee*

By the most diligent efforts of Mrs. Lawlor the slate of officers for 1974 was completed by November 1973, and is submitted this evening for your vote.

It has been very disappointing for me to have been unable to attend any monthly Board meetings. Since the ballot is the chairman's primary responsibility, but would have facilitated matters greatly had I been familiar with at least some of the candidates.

Several potential candidates voiced a desire to serve but an inability to attend evening meetings, made it impossible. Has this been a frequent comment? What alternatives have been explored over the years?

— Claire C. Macy

Massachusetts General Hospital

ALUMNAE DIRECTORY

Classes of 1972 & 1973





# ALUMNAE DIRECTORY

## CLASS of 1972

Bulyga Sylvia Ann  
 Cabral Susan Helen  
 Campbell Jeanne Marie  
 Capuano Paula Jean  
 Chandler, Christine  
 (Mrs Michael F Keane Jr)  
 Chiulli Catherine Helene  
 Clayman Barbara Jean  
 Cononi Kristine Ferranti  
 Countryman John Joseph  
 Cranney Patricia  
 Crosby Susan Pickard  
 Cross Maureen Elizabeth  
 DelVecchio Angela Marie  
 Demers Susan Ann  
 De Rosa Lisa Ann  
 Dill Marjorie Caroline  
 Donnelly Barbara Jean  
 Donohue Deborah Caroline  
 Dunn Marie Louise  
 Fallon Karen Ann  
 (Mrs Fernandes)  
 Farina Janice Cavicchi  
 (Mrs Mark Farina)  
 Fletcher Catherine Elizabeth  
 Freeman Patricia Ann  
 Gallagher Janet E.  
 (Mrs John A Guptill)  
 Green Christine Frost  
 Healey Carol Louise  
 Jackson Claire Fitch  
 Joyce Kathleen Jane  
 Kearns Kathleen Elizabeth  
 Kelley Anne Mary  
 Kirkham Patricia Gail  
 Klys Marcia Jean  
 Kozicz Christine Mary  
 (Mrs Doyle)  
 Kunsman Judith Marie  
 Larson Nancy Jane  
 Lawrence Wendy Anne  
 (Mrs Aaron L. Abbott)  
 LeBlanc Mary Leslie  
 Lenehan Carol Sue  
 (Mrs Ted G J Vail)  
 Lowther Mary Ellen  
 (Mrs John W Dudley)  
 MacDonald Patricia Irene

McGee Kathleen Marie  
 (Mrs Hallisey)  
 McGillicuddy Ann Marie  
 McGonagle Maryfrances  
 McQuaid Margaret  
 Michaud Kathleen Mary  
 Minsky Jayne Lois  
 (Mrs Wayne Irwin)  
 Moore Kathleen Jean  
 Morrill Patricia Marie  
 Morris Elizabeth Marie  
 Murphy Kathleen Ann  
 O'Brien Paula Marie  
 (Mrs Charles V. Connors)  
 Paluccio Marie  
 Patchett Linda Jean  
 (Mrs G James Morgan)  
 Paulhus Patricia Irene  
 Pierce Priscilla Standish  
 Pinette Dorothy Louise  
 Prendergast Judith Anne  
 (Mrs Fishman)  
 Reddy Margaret Mary  
 Rice Mary Rowe  
 (Mrs Lawrence Shield)  
 Rosenthal Louise Lea  
 (Mrs James J Jellison Jr)  
 Rush Janice Marie  
 Santerre Suzette Diane  
 Severski Lorelei Catherine  
 Sicuso Donna Marie  
 Skelley Joanne Therese  
 Sonn Miriam  
 Stevens Marilyn Cady  
 Stewart Noemie Rae  
 Sullivan Carol Ann  
 Tallman Patricia Ann  
 Tennyson Sandra Diane  
 Theroux Mary Constance  
 Tully Susan Marie  
 Van Marter Linda Joanne  
 Wills Donna Edith  
 (Mrs Donald E Barnabe)  
 Zacks Freda Beth  
 Zebniak Diane Bertha  
 Ziniti Pauline Therast  
 (Mrs Manna)

SPRING 1974

## CLASS of 1973

Allen Kathleen M  
Allen Kathy Jeanne  
(Mrs Whittaker)  
Anderson Patricia Lynn  
Balcom, Patricia Barbara  
(Mrs McGuire)  
Beaulieu Christine Rose  
(Mrs William Rich)  
Benson Sylvia Katherine  
(Mrs John L LaRocca)  
Berard Susan Claire  
(Mrs Donald D Dobens)  
Biggio Diane Jeanne  
Bland Christina Lea  
Burke Mary Elizabeth  
Carlson Margaret Lynne  
Carrieri Anne Isabella  
Champagne Dean  
Christensen Marcia Roberts  
Clarkin Mary Louise  
Cosgrove Ellen Marie  
Cosmopoulos Maria  
Costanzo Dale Marie  
Curtis Christine D  
Damsma Patricia June  
Doherty Maureen Ann  
Dooley Suzanne Lee  
Dugan Carol Tanski  
Fairbank Laura King  
Feilteau Charlene Ann  
Ferrin Priscilla Jean  
Fitzgerald Gail Mary  
Flanigan Colleen Ruth  
(Mrs Fahey)  
Foster Diane Irene  
Fournier Virginia Alice  
Gallagher Susan Jean  
Gielbunt Lois  
(Mrs Robert Cox)  
Gractz Susan Carolyn  
Grant Joanne Marie  
Gricius Kathleen  
Guay Aline Virginia  
Guilfoyle Mary Patricia  
Halloran Elizabeth Ann  
Harris Donna Lee  
Hopkins Nancy Madeline  
Hughes Kathleen Agnes  
Jones Christine A  
(Mrs Daly)  
Keenan Kathleen Gertrude  
Kelleher Joan Beth  
Kozkicz Joanne Stephanie

Kuri Gisella Maria  
(Mrs Davey)  
Lamarche Denise Helen  
Lamsa Judith Ann  
Lavoie Denise Linda  
Lawrence Eileen Mary  
Lawrence Lecinda Jean  
Layden Maribeth  
Linden Margaret Donahue (Mrs)  
Luchini Stephen Goerge  
McDonough Sheryl Ann  
McKenzie Nancy Marie  
Mallory Veronica Sealy  
Mason Joan Eileen  
Mindermann Jane Constance  
Mossman Ellen Marie  
Murphy Jean Marie  
Norato Mary Elizabeth  
O'Loughlin Suzanne  
O'Neil Donna Lee  
O'Toole Kathleen  
Pagnini Maryann Jane  
Panco Christine Elizabeth  
Pazareskis Nancy Ann  
Peters Antoinette  
Pettigrew Kathleen  
Pickett Joanne Elizabeth  
Pington Gail Ann  
Powers Mary Louise  
Ragsdale Kathleen  
Reddy Mary  
Rheume Christine Marie  
Ricketts Charyl Anne  
Ries Patricia  
Robie Debra June  
Rowinski Valerie Ann  
Russell Claudia Jean  
Sample Linda Jean  
Sampson Charlene Marie  
Schult Diane Patricia  
Shield Lawrence Peter  
Shontz Debra Ann  
Strachan Christine Mary  
Taylor Martha Alexandra  
Thomas Diane E  
Thomas Janice Elaine  
Wall Janet Mary  
White Elizabeth M  
White Kenneth Milton  
Wilson Elaine Therese  
Wilson Ruth Margaret  
Zafft Cynthia Keeshan (Mrs)

SPRING 1974



## *Service Committee*

During the year of 1973, this committee spent \$464.44 for flowers, cards and gifts.

At Christmas-time, 21 gifts were sent to shut-ins and 285 cards were sent out from Mrs. Lawlor's office.

— Grace Murphy

## *Annabella McCrae Loan Fund*

Balance on hand Suffolk Franklin Jan. 1, 1973	\$15,759.58
Repayments on Loans #63, #64, #67, #68, #70, #71	1,360.80
Interest	798.50
Gifts	425.00
	<hr/> \$18,343.88
Loans Granted	
1,000 — #70	
1,000 — #71	
1,000 — #72	
1,000 — #73	
500 — #74	4,500.00
	<hr/>
Balance on hand December 31, 1973	\$13,843.88
Balance on hand Boston Five Cent Savings Jan. 1, 1973	\$12,597.28
Interest	736.42
	<hr/>
Balance on hand December 31, 1973	\$13,333.70
* * * * *	
Suffolk Franklin	\$13,843.88
Boston Five Cent Savings	13,333.70
	<hr/>
Cash Assets	\$27,177.58

— Eleanor Bauer

## *Alumnae Representative to the Trustees Endowment Fund Committee*

I was appointed to substitute for Marie Andrews, as the representative to the Trustees Endowment Fund Committee, in the Spring of 1973. There have been no meetings called during the time of my appointment. This Committee meets on an "on call" schedule, when it is necessary to consider requests for funds for items and/or activities as prescribed by the Fund's purposes.

— Beverly J. Thoren



## *Hospitality Committee*

1973 turned out to be quite a busy year!

A short coffee hour was served at the Annual Board Meeting at the beginning of the year.

In April, because of the absence of Ena Chang, the Senior Dinner was taken care of by Carolyn Thayer. Everything went well and all had a wonderful time. Unfortunately Miss Davis, the dietician left the hospital to go back to school after this affair.

In September the Committee expanded to twelve members to prepare for the Centennial Celebration planned the Homecoming luncheon and saw over 800 Alumnae enjoy themselves at this special occasion. The Banquet that evening was attended by over 600 guests and was indeed a rewarding experience for those who worked to put it together.

— *Ena Chang*

### *Sally Johnson Scholarship Fund*

Balance on hand January 1, 1973	\$ 7,453.12
Donations	1,646.91
Eastman Kodak Dividends	5.70
Interest	382.76
	<hr/>
	\$ 9,488.49
Disbursement	
3 Scholarships @ \$1,000 each	3,000.00
	<hr/>

Balance on hand December 31, 1973 \$ 6,488.49

There were six (6) applicants for the Sally Johnson Scholarships in 1973.

There were three (3) awarded — \$1,000 each.

Susan Foley	Class of 1967
Elizabeth McCarthy	Class of 1969
Helena McDonough	Class of 1966

— *Dorothy Mahoney, Chairman*

— *Carolyn Wortman, Committee Member*

— *Carolyn Thayer, Committee Member*

## *Representative of the Advisory Council to the School of Nursing*

There have been six meetings of the Advisory Council held during the 1973 calendar year.

The February meeting was concerned with plans for the Centennial Celebration, but the primary emphasis was on federal funding for nursing education and its changes on students seeking admission to the MGH School of Nursing.

In March the joint luncheon program meeting was held with the faculty. Dr. Anne Kilbrick was the speaker.

In April the meeting was concerned primarily with Massachusetts legislation House bill #6120 regarding changes in the Board of Nursing Registration. Fortunately this bill was not passed.

The Annual meeting was held in May. Among the topics presented were both student and faculty members who had attended various national meetings, workshops or seminars.

In September the Council was privileged to hear Mr. Olson speak about the possibility of the MGH becoming a degree granting institution. In all meetings, the problems of federal aid, student scores on national achievement tests and the changing educational scene have been discussed in some detail.

A well attended and successful Parents Day was held October 27th.

The November meeting explored more of the problems with financial aid to students and Mr. Olsen outlined the procedure for obtaining status as a degree granting institution. It should be stressed that the School of Nursing is only one of the areas involved.

— *Catherine G. Barrett*

### *Ruth Sleeper Chapter MGH Alumnae*

Perhaps the most dramatic events of this past year was the proposal of House Bill #H6120 and the impact this would have on the nursing profession climaxed by our Centennial held the last weekend in September.

Our four meetings presented such notables as Dr. John Truman speaking on "Childhood Cancers and Leukemia"; Dr. Harold Cohen on "Hypoglycemia"; Miss Rochelle Druker with her presentation of "Sudden Infant Death Syndrome" and Aina Apse on our upcoming Apri agenda with "The Adult Nurse Practitioner".

We were honored as always to have Miss Ruth Sleeper as co-hostess at our February meeting.

For those unfamiliar with our meetings, they are held the first Monday of November, February, April and June at 8 p.m. in the Board Room of the South Shore Hospital in Weymouth. All South Shore MGH Alumnae are most welcome to attend. We hope they will join our chapter as we are eager to increase the membership.

— *Elizabeth Boland*

## Homecoming, Saturday September 28, 1974

# THE BORDEAUX BELLES

## Base Hospital #6 — Nursing Staff

### AEF 1917 - 1919

Who are the Bordeaux Belles? They are the women who served with Base Hospital #6 during World War I.

The Club was formed, at the suggestion of Miss Parsons, in July 1917, on the S.S. "Aurania" while on the way to France. Josephine Mulville was elected President and Annie Robertson, Secretary.

Upon return to the U.S. the group became scattered and did not meet again, as a group, until 1930, when a meeting was held in Boston. Annie Robertson was elected President; Dorothy Tarbox, Secretary; Mary Jane MacKay, Treasurer. Dues were \$1 a year and meetings were held once a year until about 1963, when a luncheon get together took place. The next meeting took place in 1969 during "Homecoming". Frances Morton Everberg was elected President; Olga Olsen Robinson, Secretary and Angeline Bagley Matteoli, Treasurer.

Donations have been made to the School of Nursing for needy students, and to the Hospital for cancer research. The banner for the Club is kept in the Archives Room at MGH.

Many of the original group are fairly active and loyal to each other and to MGH.

— Annie Robertson (1910)

This report will be the last to be sent to the Quarterly. For the number of veteran nurses is now very low, as will be noted in the following list.

No replies have come from Mary Diamond Carey, Carolyn Emery Bentley, Leonor Field, Pergrouhie Maris, Barbara McLeod Henderson, or Ruth Williams. We can only assume that they are no longer living.

Through letters and telephone calls I have heard from the rest of those who are on our list.

Angeline Bagley Mattioli lives in her own home in Southborough and is in fair health. Her daughter Janet shares the pleasant home with "Angel", who sends her greeting to all who know her.

Mildred Banta writes that she is in a pleasant retirement home in West Orange, N.J., and in fair health.

Catherine Carleton who is one of those who keep in close touch with her friends is living comfortably and happily with her sisters in East Sandwich, where they share the family home.

Lena DeRusha of South Weymouth where she has her own apartment finds it difficult to write, for her arthritis is very troublesome.

Anne H. Gardiner send a most

cheerful report of her interests and activities. She is in a most delightful retirement home in Alexandria, Va. On the day she wrote she and friends were about to leave for the Ice Capades! Great!

Margaret Reilly is in the Braemoor Nursing Home, 34 N. Pearl St., Brockton 02401, but we have no news of her condition.

Flora Inglis, age 96, is now in the Charwell Nursing Home in Norwood. Her sister and brother-in-law with whom Flora lived for many years are in constant touch with her, for their home is in nearby Westwood.

Frances Norton Everberg has recently had a successful cataract operation at the Eye and Ear Infirmary. She lives happily in the family home in Woburn. Her fine son, Morton, shares the home with Frances.

Annie Robertson, whom so many who may read this Quarterly know well, lives with her sister in Montreal. Rob wites frequently, and is still full of humor and charm! Her health is quite good — she is able to take part in church and some community activities.

Hope Romani is with her sisters in their home in Milford, N.H. Because of Hope's longtime difficulty with her vision she is no longer able to travel, which was her great pleasure until a few years ago. However, a friend has recently accompanied Hope to Florida where they had a most delightful stay.

Rosa Shayeb Dunaway is probably the most active of our *aged* (not aging!) group. For some years she had lived in the delightful "Beati-

tudes", a retirement home in Phoenix, Arizona. Rosa is active in many church and community groups, travels frequently, and is the efficient secretary of her MGH class of 1915.

Mary Reed reports that she is very comfortable and very busy as she spends her declining years in a fine retirement home in Binghamton, N.Y. Her health is fair — it must be for her to do all the helpful duties she mentions!

Eva Waldron of Portland, Me., where she and a close friend share a home, sounds as though she is the healthiest "Belle" of us all! She takes part in all sorts of activities, has fun playing bridge, and recently had a delightful trip to Washington, D.C., where, with friends, she had, to quote her, a real "ball". We congratulate you, Eva.

Helen Judd Coleman, whom I have visited now and then in her lovely family home in Southampton, is in good health. She still drives her car within limited areas, and enjoys the close contact with her son and family who live nearby. I am quite sure that "Juddie" is already beginning to urge her garden to get going — so to speak!

Mary Lee lives in Chestnut Hill. keeps busy with many activities, and I can report that she is "full of pep". Mary and Olga attended the service at Memorial Church of Harvard University for Dr. Paul White in January. The only other Base #6 member we saw was Bishop Henry K. Sherrill, who conducted the service for that fine man whom we all admired and respected.

Olga Olsen Robinson enjoys her



life in Walker Home, where friends from around the world live. I am "slowing down" somewhat, but still drive my own car, keep my interest in church and community groups, and enjoy hearing from some of you! One unforgettable experience last fall was a four week tour of Greece and the Aegean islands. And now I'm about to visit my younger daugh-

ter and her family in California.

Forgive me for omissions I have made in this so-called report. But you know that we few who shared the experiences and adventures of that "War to End All Wars" — what a travesty! — not only hope, but pray that such a war or any war will never again happen.

— Olga Olsen Robinson

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## THANK YOU

We are grateful to the following for donations to the Sally Johnson Scholarship Fund. These donations were made at the Centennial.

<b>Class of 1923</b>	<b>\$635.00</b>
<b>Class of 1948 (Feb.)</b>	<b>\$225.00 received</b>
	<b>\$175.00 pledged</b>
<b>Former Hartford Club</b>	<b>\$ 61.91</b>

We also want to thank the family and friends of Mildred Cartland who have contributed \$225.00 in her memory.

## In Tribute

### **Abigail Adams Homans**

Abigail Adams Homans, long time friend of the MGH and its School of Nursing died February fifth at her home on Otis Place, Beacon Hill.

Mrs. Homans was appointed a member of the Ladies Advisory Committee to the Training School for Nurses in 1924 and was a member for 37 years. In 1932 she was elected chairman of the Committee, a post she held during the reorganization of the Committee to form the Advisory Council to the School of Nursing. Mrs. Homans was appointed to the Massachusetts General Hospital Board of Trustees in 1944 and for 17 years she maintained the necessary and important link between the Advisory Council which helped to shape the policies of the School and the Hospital's Governing board. On her retirement in 1961, she was appointed an honorary member of the Advisory Council.

Mrs. Homans was a true "old Bostonian" and a worthy successor to the School's founders. She knew the needs of the Hospital and School. She studied their plans and problems. She wanted the best for the MGH and supported the directors and faculty of the School as they sought to move into a curriculum based on advancing educational standards. She appreciated the need for a collegiate relationship and stood firmly in agreement with proposals made during her tenure as Chairman of the Advisory Council.

When the School was smaller, Mrs. Homans was known personally to some of the students at the more formal teas given to entering students and at graduation and other School activities. On one unforgettable afternoon Mrs. Homans and Mrs. Augustus Thorndike of the Ladies Visiting Committee entertained 50 or more students at their summer home, the Glades, near Minot Light. There was time for a swim and a delicious cook-out.

During the last years that she came to the Hospital she was accompanied by a small pug dog, affectionally recognized as "Minnie". It was evident as they hurried through the corridors that Minnie was hurrying to keep pace with the sure footed lady who kept a steady check on the leash but who nonetheless made the walk purposeful and enjoyable.

Mrs. Homans was that kind of friend. She was conscious always of the interest, needs, and feelings of others. She was vigorous and purposeful in her approach to people, situations, and problems. She was sincerely interested in and devoted to the MGH family, patients, workers, and students.

— *Ruth Sleeper*

### **Edna Harrison Jones**

Edna Harrison Jones, MGH 1910, died in Falmouth, Mass. on January 8, 1974. Mrs. Jones was not only a devoted alumna of the MGH School, she was also a worker for nursing

and nursing education as long as she could be active.

After graduation, Edna Harrison was appointed first a head nurse on Ward F and later head of the Out-Patient Department. In March 1915 she left to serve with the Red Cross during the Halifax disaster. From Halifax she continued with the Red Cross to England.

On her return she worked for a time in the Admitting Office. Shortly, she went to Chicago and soon was married to Paul Jones. Her concern for nursing and community services continued. Mrs. Ruth Jones Andrews of Norwell, her daughter writes. "For many years she was an active member of the Woman's Club and president of the Whitman Woman's Club and afterward was a member of the District Past President Club in Milton. While living in Whitman she ran for the School Committee and was elected to that. During the war (WWII) when we were living in Milton, she was an assistant to Dr. James Means in inspecting Public Health Facilities. I don't remember that she was ever president of any garden club but she was a member of one in whatever town she happened to be living. When the new Falmouth Hospital was started she volunteered there. The Sally Johnson Scholarship Fund was something very close to her heart and any chance she had to upgrade the nursing profession she took full advantage of — the local Visiting Nursing Association was always a concern of hers and she helped many girls make the decision to enter Nursing and encouraged them to stick to it."

Through these busy years, Mrs. Jones made two significant contributions to the MGH and its School. During World War II she served as volunteer "hostess" and worker in the White Nursing Office filling the post there to free an active nurse for supervisory and other functions.

She was appointed to the Ladies Advisory Committee of the Training School for Nurses in 1920 and remained an active contributing member until 1957 when she retired. So long and noteworthy was her service on this Committee, Dr. Dean Clarke, Director of the MGH recommended Mrs. Jones to the Trustees for a thirty year Service Pin Award. She was also appointed an honorary member of the Committee.

Although for the past two years health has prevented attendance at the annual Alumnae Homecoming, she did not forget. With two classmates, Catherine Carleton and Harriet Towle she celebrated the "homecoming" in Falmouth celebrating in spirit with the group she loved and missed.

— *Ruth Sleeper*

### **Dr. Joseph Aub**

Dr. Joseph Aub: physician, researcher, teacher, humanitarian, died in Boston on December 30, 1973 after a long illness.

Born in Cincinnati, Ohio in 1890, Joseph Aub entered Harvard College at the age of 17. He finished college a year early and in 1911 went to Harvard Medical School. There he met Dr. Walter B. Cannon who was a scientist and one who understood the rigid requirements of research

and the perseverance it demanded. He invited Dr. Aub and two other students to work in his lab on a study to determine the influence of cigarette smoking on the secretion of adrenlin. Their results were published in 1912 and showed that nicotine did indeed stimulate the flow of adrenlin. So, at the age of 22, Dr. Aub's career as an investigator had begun.

He earned his M.D. and began his internship at MGH. As a beginner, or sub-pup (pupil) at MGH, Dr. Aub charmed all the nurses he worked with and for Christmas in 1914 they gave him a carved wooden puppy. This later became the mascot for all interns until the shift to a pupless internship during World War II ended the animal's era.

After his internship Dr. Aub went to the Russell Sage Physiological Laboratories in New York. There, with Drs. Duboid and Lusk, he investigated various aspects of the metabolism of the endocrine glands. This field of study became one of his major lifelong interests. Dr. Aub returned to MGH in 1916 to become a resident in medicine. He and Dr. Paul D. White, his lifelong friend, began their studies of the effects of hyperthyroidism on the heart.

During World War I Dr. Aub joined the MGH unit, the 6th General Hospital, and spent almost two years in France. During this time he again worked under Dr. Cannon and it was also at this time that he began to search for a clue to the cause of traumatic shock. On his return from France he returned to MGH and to Harvard Medical School as an Assistant Professor.

In the early twenties Dr. Aub made a most important contribution; his lead poisoning break-through. Dr. Aub found that if a patient was given large amounts of calcium, it pulled lead, already in the body fluids, into the skeleton. This abruptly ended the painful muscle spasm of lead poisoning. Continued research in this area led to an understanding of how the parathyroid hormone affected bone calcium, and eventually to the discovery of hyperparathyroidism. In 1924, Dr. Aub was put in charge of the newly created Ward 4 (B4) where the first study was that of the lead poisoning patients. Ward 4 became a famous center for patients with diseases of the metabolism and is the subject of a book.

In 1928 the Harvard Cancer Commission invited Dr. Aub to head the Huntington Memorial Hospital for Cancer Research. The Huntington Hospital, then independent, later became and still is a part of the MGH. Dr. Aub and his associates studied cancer as a failure of growth control. Although they made some interesting discoveries, their results only lay groundwork for future studies.

During World War II, Dr. Aub suggested research which led to useful finding for the storage of blood. Using blood with radioactive iron-tagged red cells, the study revealed that immediate refrigeration was the best method to preserve the cells. Prior to the study the Armed Forces flew blood to the various theaters of war and refrigerated it upon arrival. As results of this research, both the Army and Navy changed their meth-



od of handling blood.

Dr. Aub retired in 1956 but continued to work in a lab in the MGH Department of Pathology. He made biochemical studies of cancer cells and found that these cells are more prone to stick to certain substances that are normal cells. This has become an important basis for all cancer research today.

Throughout his professional career Dr. Aub continued to encourage and stimulate young doctors. In speaking of his colleague, Dr. Oliver Cope said, "He influenced class after class of students, interns, and residents into a more imaginative and tutored life in medicine. He had that extraordinary ability to catch a young person's interest."

### **Dr. Paul D. White**

When Paul White entered Harvard College, he planned on teaching history and the classics. In his junior year he briefly switched to forestry, but fortunately for mankind, in a few weeks he decided that his real interest was for humans rather than plants. He changed to a premedical course and his choice never again changed.

The dedication and self-discipline which he had learned from his father, Dr. Herbert Warren White, helped the young medical student to organize himself. His efficiency enabled him to finish the laboratory work imposed on students and interns in 1911, long before his colleagues and yet the quality of his work never suffered.

In 1913 Dr. White spent a year in England studying cardiology and the

newly invented electrocardiography machine. When he returned to MGH, he brought one of the cumbersome new machines with him and set it up in a small closet in the basement of the old Skin Ward. He had decided to concentrate on a specialty — Cardiology, and this single event signaled the birth of cardiology in America. He founded the MGH Cardiac Unit and for 34 years directed the work of the unit. In 1920 he became Chief of the Medical Out-patient Department with the goal of molding it into a superb patient-care unit. He divided his energy and time between the clinic and his specialty, and it is said that he had great energy and that no one could keep up with him.

In 1928, Dr. White left MGH again for a year on a fellowship and he and Mrs. White went to Europe. During this time he wrote his book on *Heart Disease*, which became a definitive work on the subject. Dr. White was already known by physicians in America and the success of his book, the first of 12, secured his fame in international cardiology. His formula for work was one third research, one third teaching, reading and writing, and one third patient care. The reading and writing came after a long day at the hospital. He would write until 2-3 a.m., get 3 hours sleep and start again at 6 a.m. He thought sleeping more than three to four hours was a waste of time.

Dr. White was apparently a born optimist. His colleagues claim that they never saw him depressed, even under trying circumstances he maintained an optimistic outlook. This optimism, his consideration, and his

love and devotion to people were real strengths that he brought to the cardiac patient. He gave the same love and devotion to a patient from the North End of Boston or the Maine farmer, as he did to Pablo Cassals, President Eisenhower or any of the leaders whom he treated in many countries.

A former President of the Massachusetts Medical Society said that Dr. White showed his patients that he was concerned for them as individuals, and that he always left the patient with the feeling that a friend had come to help him. Students, interns and residents over the years observed his approach to patients and learned from his example. Senior physicians also learned from him. In 1946 he inaugurated a post-graduate course in Cardiology. During its existence more than 250 American and foreign physicians completed the course.

Dr. White wrote nearly 600 scientific papers during the 34 years he directed the MGH Cardiac Unit and more than 100 afterward. He also inaugurated three sub-specialty heart clinics at the hospital. Along with his MGH duties, he helped establish the American Heart Association in 1924, and he helped shape the National Heart Institute and became Executive Director of the companion National Advisory Heart Council. In 1949 Dr. Bland took over the Cardiac Unit and Dr. White became more deeply involved in national and international cardiology — helping to form a world organization.

He used medicine in an effort to encourage world peace. He persuaded Arab and Israeli cooperation on

a joint medical study; he pierced the Iron Curtain and started a relationship with the Russians. His magic even worked on Red China and he was one of the four original American physicians to get through the Bamboo Curtain. When the first Red Chinese doctors came to the U.S. they visited MGH and Dr. White and listened intently to every word he had to say.

Even before the Red China exchange Dr. White was nominated for the Nobel Peace Prize. His nomination read in part: "Among physicians as well as leaders in many other fields of endeavor he is recognized as an outstanding international statesman. . . . He truly personifies the role of medicine as a peacemaker. . . . His example stands as a beacon for all men of conscious and competence."

Dr. Paul Dudley White died in the Phillips House on October 31, 1973 at the age of 87 years. A memorial service was conducted on November 13th at the Memorial Church, Harvard University by The Rt. Rev. Bishop Henry Knox Sherrill, retired Episcopal Bishop of Massachusetts. Bishop Sherrill had served with Dr. White in the MGH Base Hospital #6 in France.

The Dec. '73-Jan. '74 issue of the *MGH News* was dedicated to Dr. White. In his dedication, the editor of the *News* wrote, "His 120-pound frame resembled that of India's Monhandes K. Gandhi. His combined international fame, contributions to health, and power to evoke love; were probably equaled by only one other 20th century physician, his friend Albert Schweitzer."

## In Memoriam

- 1908 Florence Hibbard Morrow on March 13, 1973 in Vancouver,  
British Columbia
- 1910 Edna Harrison Jones on January 8, 1974 in Falmouth
- 1913 Catherine Fraser McLean on April 9, 1974 in Eureka, Nova Scotia
- 1914 Christena Jean MacDonald on March 1, 1974 in Bayhead, Nova Scotia
- 1916 Frances Ricker Appleton on August 24, 1973 in Providence, R.I.
- 1918 Eva Holmes Jones on April 1, 1974
- 1920 Helen Marble Marble on March 8, 1974 in Ashburnham
- 1922 Katherine Lane Marks on January 7, 1974 in Hyannis
- 1922 Ruth Averill Flechtner on March 9, 1974 in Hawthorne, N.J.
- 1923 Ella Hunter Hoppin on February 22, 1973 in Mars Hill, ME
- 1928 Helen Popliewicz on January 27, 1974 in Medford
- 1929 Clara White Mitchell on March 31, 1974 in Milford, N.H.
- 1935 Mae Wargo Casselman in July, 1973 in Stratford, CT
- 1950 Alice Briggs Matthews in November 1973
- 1953 Bonnie Gough Bartlett on January 25, 1973

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## News... of the Classes

### 1908

We have been notified of the death of FLORENCE HIBBARD MORROW on March 13, 1973 in Vancouver, British Columbia, after a lingering illness.

### 1910

It is with deep regret that we report the death of ERNA HARRISON JONES on January 8, 1974 in Falmouth after a long illness. (See In Tribute, p. 35.)

### 1913

Miss Alvira Stevens has notified us of the death of CATHERINE

FRASER MCLEAN on April 9, 1974 in Eureka, Nova Scotia. Mrs. McLean served in Frances with the Harvard Unit, British Expeditionary Force during World War I and was awarded the Royal Red Cross, a British decoration. On her return from France, she went with Dr. Hugh Cabot to Ann Arbor, Michigan for several months prior to her marriage to help set up a clinic.

### 1914

We have been notified of the death of CHRISTENA JEAN MACDONALD on March 1, 1974 in Bayhead, Nova Scotia, after a brief illness.





Members of the Class of 1923 celebrating their 50th reunion at the Centennial. Attending the reunion were: Mary Canning, Frances Whitaker, Alice Blair Matheson, Mary Clark Whelton, Gertrude Fay MacLeod, Mary Newman Marcotte, Lene Thibault Dufault, Reta Corbett, Eleanor Fitzgerald Holloway, Marion Barry Jennings, Ruth McAdams Murphy, Frances Crocker Chase and Rita Elliot Lewis. Pictured in the foreground are Alice Barnard VanArmen '16 and Marjorie Chambers Collins '20. (Photo #141)

Miss Alvira Stevens also wrote us about Miss MacDonald. She said that she had talked frequently with her and that they often exchanged bits of MGH news. Miss MacDonald had served in Bordeaux, France with Base Hospital #6 during World War I. She afterward did private duty nursing in Boston until her retirement.

### 1916

We apologize for not reporting the death of FRANCES RICKER APPLETON in the last issue of the Quarterly. Mrs. Appleton died on August 24, 1973, in Providence, R.I.

### 1918

We have been notified of the death of EVA HOLMES JONES on April 1, 1974.

### 1920

HELEN MARBLE MARBLE died on March 8, 1974. A native of Ashburnham, Mass., she graduated from Cushing Academy there. After MGH, she took the Public Health course at Simmons College. All her professional life was in that field. She was on the staff of the Boston V N A and later, for nineteen years, was the Nurse Director of the V N A in Pawtucket, R.I. After her marriage



in 1947, she and her husband managed an orange grove in Florida, after Ralph's death, Helen continued to live near Sarasota and died there after a long illness. Her older sister, Marion, MGH 1915 was one of the early nurse anaesthetists.

## 1922

We have been notified of the death of KATHERINE LANE MARKS, a former head nurse in the Phillips House. She retired from nursing in 1957 and moved to Cape Cod about 9 years ago. Her death occurred on January 7, 1974 at the Cape Cod Hospital in Hyannis.

GERTRUDE LUFF PHINNEY has notified us of the death of her classmate RUTH AVERILL FLECHTNER on March 9, 1974 in Hawthorne, N.J.

## 1923

Tina M. Hunter has notified us of the death of her sister ELLA HUNTER HOPPIN on February 22, 1973 in Mars Hill, Maine, after a long illness. Mrs. Hoppin had worked at the Gould Memorial Hospital in Presque Isle as Clinical Instructor of Practical Nurses.

## 1924

We wish to extend congratulations to AGNES HOLMES COPP on her marriage to retired Col. John Paul Merrill, USA. They were married on January 5, 1974 in LaJolla, Calif.

We extend our sincere sympathy to HAZEL WALKER WHITMARSH on the death of her husband, Edwin, after an illness of a year.

## 1928

We have been notified of the death of HELEN POPKIEWICZ on January 27, 1974 in Medford.

## 1929

Mary Cole Stetson (1937) sent us a clipping which reported the death of CLARA WHITE MITCHELL on March 31, 1974 in Milford, N.H., after an illness of three years. After graduating from MGH, she attended Simmons College, and worked for a number of years as a public health nurse in Brockton, Mass. She was the widow of Lt. Commander Wilfred Mitchell (U.S. Coast Guard, Ret.). Burial was at Arlington National Cemetery.

## 1935

A senior student at MGH has reported the death of MAE WARGO CASSELMAN in Stratford, Conn. in July 1973. The student had worked for Mrs. Casselman in a nursing home before entering MGH.

## 1937

Susan Robins Groff  
14 Lucian Street  
Manchester, CT 06040

Madalene Calogiro is to be congratulated on the fall issue of the Quarterly, which must have been a herculean task to put together. For those of us who couldn't attend, it has been a most interesting issue, and I for one am looking forward to succeeding issues which will contain more of the Centennial events. Thanks, Madalene!

With the arrival of the Quarterly,

I realized that it was time to send in news for the spring issues, but unfortunately I have no news from our class, except a nice letter from CATHERINE LEONARD CROTTY, after Christmas. Like the rest of us, she was having trouble with enough gasoline, and trying to keep warm.

No doubt, those of you who live outside Conn. probably read about and saw on TV the terrible ice storm we had on Dec. 17, with disastrous results that lasted nearly a week. The heavy coating of ice that formed on branches and power lines was just too much, and by Monday morning, trees, utility lines, and huge branches began crashing down, with the result that in a matter of hours practically the entire central part of Conn. was without power of any kind. The days and nights dragged on with no heat, and many families took shelter in public buildings that had generators. We, fortunately, have gas hot water, and a gas stove, so could cook and keep some semblance of warmth (if you can call 60 degrees warm) by keeping pans of water going on top of the stove, and the oven going from time to time. With the power companies in Conn. unable to handle the thousands of downed lines, help was brought in from as far away as Mich. and Pa. These men worked around the clock to restore power, but it was not only a matter of restringing the lines, but the almost unsurmountable task of cutting away broken branches, and whole trees, before the work could even be started. In some cases it was a week before people got their power back. We were without ours for three and one-half days, and our

telephone for about 6. We did not lose any trees, but a number of large branches, which was bad enough. Each town set up their own program of debris removal, and along with an assist from the National Guard, the state finally got back to some degree of normalty. While there were many complaints about the lack of communications and co-ordination among the untilities, the people themselves showed their true spirit by sharing their homes and helping others who were less fortunate. Town officials worked around the clock to make sure that everyone had a place to stay and food to eat. It was an experience that none of us want to repeat, but it showed that people can weather a crisis in this type of disaster.

If any of you have any news I'll put it in the Quarterly, so keep me posted!

I received a nice letter from ELIZABETH SMITH HOLLIDGE with some prints which she took at the Centennial. It was good to see pictures of the girls in our class, and thanks to the names on the back I was able to recognize each one.

Libby and her husband were looking forward to a European trip in early June (1974). By this time they will have gone and returned home. They planned to visit Heidelberg, Germany, and travel by car to Amsterdam, then fly to England for three days before returning home. Hope you had fun, Libby!

I was sorry to read in my Winsor School Bulletin of the death in October, 1973, of Dr. Edward Hamlin, from cancer. You will recall that he was a house officer during our

student days. His wife Jane was a 1934 graduate of that school.

Although it is nearly June, summer will be about over when you read this, so hope you all had pleasant vacations. And how about some more letters so that I can get news of our class in the Quarterly!

### 1939

#### September Section

Yvonne Goethel Ciesluk  
298 Weston Road  
Wellesley, MA 02181

GRACE BABCOCK GATCOMB lives in Wallingford, CT, has two sons and works at a nursing home several days a week. WINONA BEHR SMITH is an industrial nurse at RCA Aerospace in Burlington, has two children and one grandchild. DOROTHY DUFFY HARGREAVES is an admitting officer at the Waltham Hospital and has four children.

LOVISA CHURCHILL WIL-LARD and her husband run a KOA Campground in Brattleboro, VT and also the Collidge Highway Giftshop. ADA DEINNOCENTIS RESTIERI is the Chief Admitting Officer at the Waltham Hospital, has two married daughters and four grandchildren.

FRANCES MCDONALD SCIORE has six children. She and Leo visited one of their boys in Germany this past summer. ALBERTA MORRISON FLUERY is a widow, living in Amherst and very busy raising standard bred harness horses.

EUNICE WHITE DOTY came up from Arlington, Va. She has five children and spends much of her time playing golf. DOROTHY

WILBUR MCLEAN is supervisor in Maternity at the Exeter (N.H.) Hospital. BARBARA YUTRONICH NOONAN runs the Transfer Office, a part of the Social Service Department, at MGH. She has two sons and four grandchildren.

JULIA BOGHOSIAN is Director of Surgery at the Malden Hospital and is living at home with her parents. ALICE CLARKE is Editor and Publisher of "Nursing Publications" in Hillsdale, N.J.

ROSEMARY MCCANN MCISAACS has moved from her houseboat in Florida to Tecali Trailer Pk., Box 89, San Carlos Bay Guaymos, Sonora, Mexico. I am also an industrial nurse in Aerospace at Barry in Watertown and have two sons and one grandchild.

**(These notes were included in Yvonne's first report but were held because of space. Editor)**

### 1947

#### February Section

Marjorie Blackwell Sullivan  
28 Grace Road  
Quincy, MA 02169

I had too good a time to take notes at the Centennial but here are some items of interest: ESTHER READ WILSON came from Ohio and stayed with AMY PINCHBECK FOWLER in Stoughton. Esther has three children, and works at Muskingum College in New Concord. Husband, Tom is pastor of a Presbyterian church. MARY MCGRADY MORLEY is working in continuing education at Waltham Hospital, she has three daughters. BARBARA GRANT HALE does part-time anesthesia work, has two

children and two St. Bernards.

ANNIA LOWE GIGER is now on staff duty part-time at Long Island Hospital after a number of years of private duty at Boston City Hospital. MARY WALLACE ANDERSON is on the "retired list" at present and enjoying being a grandmother. AUGUSTA CRISTOPHER GEARY is a part-time volunteer in Somerville, YVONNE WITHERS OGLIVIE does school nursing, and GLENNA CLARKE CRUFF works in a nursing home. BARBARA WATSON PARILLO told us all about her enjoyable trip to Scandinavia.

From letters received we learned that: ELIZABETH ANDERSON CARRIER cares for her large family and does some private duty on the Cape. Her oldest daughter started nurses training this past fall. DOROTHY DRURY JOHNSON and family lives in Williamstown and had their ninth child in 1971. SALLY THORNDIKE ROTH wrote from Foster City, CA. The Roth's have five children, Sally works as a school library aide. In the summer months the whole family moves to their cabin in the Sierras.

(Marjorie included these items with her first report but because of space I held them for this issue. Editor)

1948

February Section

Eleanor Gagan Nissen

820 Anchorage Drive

North Palm Beach, Fla. 33408

JACQUELINE FISHEL LEABMAN lives in Sharon. Jim is an investment broker and Jackie is very

active in community affairs — is now on a Health Planning Council for her region. They have three sons — all over six feet tall. The two older boys are in college and the youngest in high school.

LOIS BLOOMQUIST ERIKSON lives in Reading and has three children. Daughter, Karen is in her second year of nursing. Lois works part-time at the Malden Hospital.

ETHEL TODD NICHOLS lives in St. Louis, Mo., where her husband is a lawyer. Their two daughters are attending Southeast Missouri State University. Ethel is a clinical instructor at St. Louis State Hospital and in her spare time collects antiques and refinishes furniture.

MURIEL LAROSE DUGAS has two grown children who are now out on their own. She lives in Rochester, NH and works as assistant supervisor in the O.R. there. Had intended to attend the reunion but was recovering from surgery.

SALLY SHEA DOLAN works and lives at the Pondville Cancer Hospital in Norfolk where she is medical supervisor. Her two children are in college. EILEEN SHEEHAN SANDSTORM and family lives in Denver, Col., where Ed still works for the telephone company. Their son, Matt had muscular dystrophy and passed away last year. The other three children are well and active. Eileen has been working part-time but is on sick leave recovering from a laminectomy.

SHIRLEY ATWOOD SUTTON sent me a Christmas card from Pelham, NH, but no news. The Suttons have six children.

We have heard from 30 out of the



32 grads in our section for our 25th year. I'm so grateful to all for answering my plea. I'm sure all of you enjoyed hearing about the others and hopefully some may have renewed old friendships. Keep in touch! (Again, congratulations Eleanor on these two reports. Hope we will hear from you often. Editor)

## 1950

### September Section

Marie Matthews Bagley  
100 Sharon Street  
Brockton, MA 02402

I haven't written news for quite a while because of illness and being busy as a working mother and wife. Letters for '72 and '73 include the following news: NORMA BRISON JAROSZ is a lady of leisure now, and husband Stan is recuperating from a heart attack. Son, Vince graduated from college last June and daughter, Lori has just entered college.

ELEANOR BURNS CLIFTON is now living in Grafton; DORIS BIGGS CUNNINGHAM is doing private duty part-time at MGH and hopes to go back to school this year; and IDA CARNELL BARTLETT is very busy working in real estate.

MARCIA COPPELMAN CUDLITZ works full time as nursing supervisor for a Psychiatric Day Hospital, functions as a group therapist, sees patients in OPD on 1-1 basis and does family therapy.

PATRICIA DUNSMOOR is enjoying her motor home and traveling along the east coast from Maine to Florida. CLAIRE GRIFFIN FRANCELLE was in Boston for

Easter and again in July '72, then to California in Jan. '73. She also keeps busy with many community affairs.

BARBARA HOLM GRIFFITHS has five children and works part-time. Spent the summer in Richland, WA. where her husband was working on research for a nuclear powered pacemaker.

LOCKLYNN EVE WILEY plans to be going to either North or South Carolina when her husband retires from service. We were sorry to hear that MARY MURRAY BROADWATER's dad had passed away. Mary visited with VIRGINIA KELLEY CAREY this past summer. Husband, Jiggs had lobster pots out and they enjoyed their harvest.

FLORENCE NAGAO STANLEY is busy working full time and mother to five children — the oldest in college and the youngest age 5. AUDREY OLSEN REARDON is another very busy working mother who should be well on the road to recovery after spinal surgery in Oct. 1973.

HELEN PLATA GRABOWSKI is teaching regular third grade and is interested in children with a special learning disability. She is working toward her MS which will probably be in this field.

LUCY RICH KEOHAN is very busy with her family and community work; FLORENCE RIDLON YASI is busy with her growing family and caring for her 82 year old mother; and AGNES RICKETSON STEPHEN has a busy schedule as director of a nursing home and taking courses at night.

My old faithful friend who never

misses a year, DOROTHY SANTOS ALLEN is having some back problems but is still very busy with 4 active boys and travels quite a bit with hubby Bill.

JANE SCHEIDERER HOPPER has five teenagers and a full time job as inservice coordinator at the Kaiser Hospital. JUNE SCHEIDERER BARNETT is not active in nursing but busy with her home and 4 children.

A newspaper clipping sent me by Mary Broadwater said that AUDREY TILLOTSON BISHOP's husband, Warren, is now administrator of the Tobey Hospital.

One bit of sad news for this report is the death of ALICE BRIGGS MATTHEWS in November 1973.

As for myself, I am a proud mother of an U.S. Marine. Our daughter, Joanne will be commissioned a 2nd Lt. upon graduation this May from Bridgewater State College. She spent 3 weeks in Quantico, Va. last summer and Dick and I went down August 10th for her graduation. Boy, was it hot! Richard is a sophomore at Northeastern, majoring in civil engineering. We have bought a beautiful place in Naples, ME, so watch out you "Mainiacs", you may have some company this summer.

## 1951

### September Section

Marion Decker Manes  
Oak Hill Road  
Hyannis, MA 02601

Two strays are back in the fold. The address that DOROTHY HUNT O'KELLY promised for FRANCES EGAN JOHNSON ar-

rived and it is: Dr. and Mrs. John Johnson, 12135 S.W. Lesser Rd., Portland, Oregon 97219. Incidentally, Dot has three children and works 3-11 in Pediatrics. The other stray is RUTH BAKER WHITE who's husband is retired from the Air Force and they are living at 10616 Moonlight Ct., N.E., Albuquerque, N.M. 10616. They love the Southwest but Jack is attending the University there — hopes to become a football coach, so they'll probably have to move. They have five children ages 11-18 and Ruth is learning O.R. nursing at a small 2-floor hospital.

MARY HAGERTY FORD is a medical-surgical supervisor at the Hunt Hospital in Danvers, and RUTH FEARNLEY SKONIECZNY is a part-time staff nurse at the Bristol (CT) Hospital. JOYCE KILEY CRAWFORD is a registered nurse anesthetist at the University of Connecticut Medical Center and living in Windsor, CT.

DORIS SEARS BATES was my roommate at the Centennial and we laughed until our sides ached, over events of ancient history as well as current events. Since the Centennial Sears was looking into and has accepted a job with the State Health Dept. out of Jacksonville, FLA.

NANCY ANDERSON WHYTE-HEAD seems to be enjoying life in Canada and certainly looks well. She was looking forward to taking a refresher course and hopefully a part-time job in pediatrics.

GRETCHEN GEARHART CLAMEN looks as young as ever. She is finishing a bachelor's program in Psychology in June at Colorado Woman's College and then is going

to Denver University's graduate library school getting an MA in June '75. She says it's much faster than getting one through nursing programs.

BARBARA WHITLOCK SUTHERLAND's divorce is final, she has moved to Dover, NH and is enjoying New England lifestyle. She is working evenings in the Extended Care Unit at the Wentworth Douglas Hospital.

MARY SARGENT MACHIN attended the festivities only Saturday morning, as did DORIS STONE BERGERON. Sarge is now living on Jersey St., in Manchester. The Bergerons are living at Ft. Devens and Doris had to get back because Noel was in a cast, the results of a freak accident when the gears slipped on a van he was unloading. The van ran over his legs, no broken bones, but the ligaments were worn.

DOLORES MERZ MCHUGH is also living in Bristol, CT, at 232 Divinity St. She's feeling fine again and worked as a substitute industrial nurse last summer and is presently working 3 days a week as nurse at I.J. Fox Dept. Store in Hartford.

DORA CAPETTI CRAWFORD is working part-time, loves it, and is kept busy driving kids around — which sounds familiar. MARION KELLEHER EVANS' part-time job is more like full-time. Her father passed away in January — sorry to hear about his death, Kel.

JUNE MARINER TOPLIFFE and Jack love California and doubt that they'll ever move back East. They have two in college and three at home. HILDA NELSON FEN-

ELEY had hoped to attend the Centennial but two kids play football, so she couldn't make it.

JOAN MCCARTHY PETERSON asked me to extend her love and appreciation to all who still write and send her cards and pictures. She says you're very thoughtful. I too thank all the old faithfuls who send news. Joan has two children, one at Pembroke Academy and the other in high school. Husband, Peter works 10 hours a day for the Postal Service.

THELMA PORCELLI ROBY works 3 evenings a week in ICU, her dear love. She and Ted bought a house in Lunenburg, VT across the river from Lancaster, NH and plan to spend the summer there. She'd like to hear from anyone going South — her number is 301-285-2545.

GENEVIEVE RICK ROSENKRANTZ is working full-time in a bookstore, all her children are away at school. JANET STOCK MOORE sent another of her famous family portraits for Christmas. Hope their visit to N.E. will include time on the Cape. J.B. and Bill were planning a trip to Fla. this past January and hoped to see Sears, haven't heard if they made it.

Yours truly is enjoying loafing once more and is about to embark on a new career — that of painting on shingles, which I'll call S.O.S. or Ships on a Shingle. There's an Art Show at the Cape Cod Mall here in Hyannis every June and August, and I've about decided to rent space and peddle some wares. First, I'll have to collect lots of shingles and get busy. It's loads of fun and much faster

than regular oil painting. If anyone's here, drop by the show. Robin hasn't been able to speak above a whisper since basketball started. I'm concerned about vocal polyps, and wonder if cheerleading's worth it. Betsy's boyfriend is team Captain, so of course she feels no sacrifice is too great! Chuck and I spent some time in Stowe, VT recently, where Sarge and I ski-bummed in '52. We celebrated my 44th birthday amidst old friends. Had my 22nd and 23rd there too! (They were better!)

**(Have tried to combine news items from Marion's last two reports. Had to edit some, but hope I included everyone. Editor)**

**1952**

February Section

Catherine Harrington Boyd  
350 Washington Street  
Melrose, MA 02176

I apologize for being so late with our "Grand Centennial Report" but many things conspired to delay it. To begin with, it took me several weeks to recuperate from those three days ! ! We had a really fantastic weekend and by the time we finished on Sunday p.m. we could just barely totter home.

Our class had a respectable representation at the Alumni Luncheon, 10, just enough to make up a table. BARBARA LUMBRA PIRAINO, JANET HARRINGTON, ALICE BILLINGTON WOODACRE, BEVERLY THOREN, DOROTHY MAHONEY, MARION MACNAUGHTON ROSE, PATRICIA ROURKE HOLMBERG, and on crutches, all the way from Chelms-

ford and driving herself, STELLA GOAD OCZKOWSKI — our first grandmother. She had just injured her knee in a recent fall, but attended every bit of the three days on crutches.

Janet took pictures of all of us at lunch and we all talked at once, and it was almost — but not quite, like the General Cafeteria. Ours was the wealthiest table at the luncheon too. I say that with some confidence since I ate with my feet resting on a strongbox with about \$1,400 in it. Unfortunately it wasn't mine, but the proceeds from the items we were selling.

So many hilarious things happened that weekend that someone could have made a great movie if they had brought the equipment. How about — my leaving my gown, makeup, etc. in Janet's room and at 5:30 p.m. rushed to the 18th floor to change, only to find the door locked and no Janet, anywhere! Dash to the lobby — try to convince clerk that I'm Janet's sister — need the key — (name tag says Harrington!) — success! Back to 18th floor — run tub — undress, leave note on door so Janet won't have heart attack — jump in tub — reach for washcloth — Disaster ! ! soaking wet and not a towel in the place! Have you any idea how inadequate a fingertip towel and several kleenex are after a bath?

Meanwhile, Janet and Marion are in Dorothy's room having a drink and watching in awe as a male hairdresser calmly stood there doing combouts while at least twenty (conservative estimate) females mill around getting ready for dinner. As



they say, an MGH nurse is prepared at all times!

On Friday night, Beverly held a delightful party at her apartment where we were joined by our spouses and INGERMARIE MORGAN RICHARDSON, ELEANOR JONES YOUNG, ALICE BOUSQUET DUDA and Micky, JOYCE YOUNG PASSOS and BARBARA ROBINSON SALLOWS.

On a sad note, I report that Barbara's husband, Clyde, passed away this summer after a long illness during which Barb cared for him. I know the whole class joins in extending sympathy. Barbara's daughter Sandra is a veterinarian technician at Fanning Animal Hospital in Pride's Crossing. Her son, Clyde is at St. John's Prep.

Barbara Piraino's daughter is in her third year at Yale, and there are four children at home. Barb makes great Lasagna, by the way. She brought it to the party and my husband is still wondering why mine doesn't taste that way.

Alice Duda looks terrific. Her five children range in age from 3-21. Alice Woodacre has a daughter at Fitchburg studying Nursing, and Pat Holmberg has a daughter in training at Widden Memorial. As far as I know, those are the only offsprings in "the business".

Joyce Passos paid a brief visit because her father had been hurt in an accident and she wanted to spend time with him. Joyce is still at Wayne State in Michigan.

Inga is unchanging — she and Fred and their family of six are still in Lincoln. Jonsey looks marvelous,

and Janet still says she's Nervous! Jonsey is working at South Shore and Janet is at Quincy City Hospital. Beverly and Dorothy are at the General, and I'm still in the Melrose School System.

It was a lovely evening and we talked ourselves hoarse reminiscing. I wish I could put everything down for those who weren't there. Oh! a late flash! We have a new address for JOAN HUTT BERANEK, 7826 Seneca Way, N. Highlands, CA 95660.

### 1953

The bill for '74 dues was returned for BONNIE GOUGH BARTLETT and marked deceased Jan. 25, 1973. No additional information given.

### 1955

#### March Section

Anne Hickey Braveman  
26 Presidents Lane  
Quincy, MA 02169

BARBARA DURFEE LAROCHE came to the Centennial for the entire week — leaving Bob home with six youngsters. Barbara and JEANNE DUMAS HOUSTON shared a hotel room. Jeanne had left George home in Lisbon Falls, ME with five children.

JANE RIDDELL PEPPARD is busy as a school nurse on Long Island. RUTH PRIOR THAYER came from Duanesburg, NY where she is employed at a local college as a part-time instructor, along with working for her degree. BRENDA CAMPBELL joined us for Friday's events. She is still flying for PanAm as a Purser, and living in her house on the lake in Attleboro.

VIRGINIA HINES CARROLL, JOANNE BELTRANDI KRANTZ, CHARLENE KILEY MCALLISTER and MARGARET LAMB HUNT all joined us on Saturday. Ginny works part-time nights and plays tennis at least twice a week. Joanne is back East to stay. Charlene is very interested in working with children with

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learning disabilities, and Meg lives in Wayland and is very successful in banking.

BARBARA BROWNE DOHERTY drove in with me for all events. Barbara looking great as usual left Joe home with six little Dohertys. She has her hands full but still manages to be on the Alumnae Board of Directors and was co-chairing the Christmas dance for the Catholic Club. I managed to leave our His and Hers group of six and made it to all events. I for a change can say I am not working but manage to keep myself occupied and like Ginny have taken up tennis. We now have an Amity Aid staying with us, a young man from France, this we are all looking forward to especially the older children who are studying French and could use some other help besides Mothers whose French is a bit rusty.

This is all the news for this time and we hope to keep you posted with more in the coming issues, so if you have any news or would like some addresses of your old friends please write to either Barbara or I.

1956

September Section

Barbara Doyle Herlihy  
142 Trull Road  
N. Tewksbury, MA 01876

Enjoyed a very special Christmas letter from DEBORAH HART LINDENLAUB from W. Lafayette, IND. There was a picture of the entire family which includes four handsome children. Debby enjoys sewing and Choir participation and she and John also belong to a hand bell choir. Debby said that EMMY LOU POST lives a block from her and that her married name is Post also.

PRISCILLA WOOD RANDALL and Chuck are happily settling their new home in Baxley, GA. Chuck keeps busy as anesthetist at the hospital and Priscilla recently completed a course in Coronary Care nursing.

1957

March Section

Elizabeth Mutz Schallenmuller  
6924 S. Clarkson Street  
Littleton, CO 80122

Unfortunately this will be my last class news, so if anyone is interested in taking over, send me a note and I'll pass on the few addresses I have.

JANET KNIFF DAM and Buck sent Christmas greetings but no news, also FRANCES TOLARO CROSBY and Phil. MARY ANNE CARLSON KEENE promised a letter a year or more ago but only got a card, and ELAINE SMURRAGE MARSHALL and Phillip sent a note but no news.

JOAN (I can't remember her maiden name at the moment, old age?) DAHL and family are still living in Washington state and very busy with school and community activities. (**Are you talking about Ruth Weiss Dahl? Editor**)

SHIRLEY BARTLETT EBY and family live in Stockton, CA and spent the summer vacation in the High Sierra. The solitude of that place gives them the peace that we don't always have when we think of all there is to do and the way things are.

REBECCA SMITH HATHAWAY got 2 years news in one! L.T. was not well during '72 and a diagnosis of Aran-Duchenne Disease, one of the dystrophy family was made. Fortunately he's lessened in capacity much slower than expected, he's able to manage many things better than a year ago due to exercise, control and compensation. Their Graphics business continues to expand. L.T. and Becky were able to attend the Deusseldorf Printing Show. They felt Europe had lost much of its old world charm so they tried Mexico City, but didn't say how that was. They have 4 children, ages 4 to 10; and Becky has maintained her dress design and sewing business as well as her involvement with 4-H. Not only that she works occasionally nights in order to "keep up". Becky lives in Flagstaff, Ariz.

SANDRA STOWELL SEAVER and Bill have been in California for four years and live in Rancho Palos Verdes. Bill is Product Development Manager for Data Source Corp. Sandy spent last Feb. in bed due to a slipped disc, a result of bending over the breakfast table! Joy, age 9, contracted a disease called "Steven-Johnson". The germ caused pneumonia which in turn caused other problems. She spent a week at UCLA Medical Center and is fully recovered. There are 4 other children ages 4 - 16.

This past year has kept Al traveling quite a bit, mostly between Pasadena and Norfolk, VA. His job will take us to Pasadena from Jan. '75 til Nov. '76. He is Flight Operations Manager and while the Viking Project is in full swing between here and Mars he will be the Deputy Mission Control Director. Al and I are busy doing some important work, the Lord's work, with the church and the Gideons. I still am

part-time for the Gyn-Ob man. In August we plan a trip to Hawaii, the second for Al and me, first for our 3 children. My mother is also going with us. Then I have to start sorting what to store, what to throw out, and what to take to Calif. I'll need all that time to sort 12 rooms!

I hope the rest of you will write to the Quarterly from time to time with some news.

1959

March Section

Mary Flannery Caira  
19 Fuller Terrace  
W. Newton, MA 02165

GAIL KENT CLEMMER and Gerry have an old farm house in W. Chester, PA. They love the area — but miss Virginia friends and the busy life of Metropolis. Gail spent the Autumn canning and freezing many of their home grown fruits and vegetables. She was in Boston for the Centennial, is the same bubbly blonde and as slender as a rail.

GENE SHAFFER CORCORAN had a great time at the Centennial and was then going to visit in Rhode Island. Son, Danny — age 5, recently had extensive plastic-urolological surgery and was scheduled for more this Spring.

NANCY BASSETT CAMPBELL and Len join our reunion group. Nancy works part-time at the Winsted (CT) Hospital and is busy with church and community activities. ELAINE FINLEY FLANAGAN also joined us. She hasn't aged a single day in 15 years.

MARILYN THAYER COTE came alone, as Bob was hospitalized with chronic meningitis at the time but is back to work now. Mal does some part-time work and was busily making patchwork wool afghans.

ROSELYN RUGGIERO ELMS flew in from Davis, CA — just before she became a full-time candidate for her PhD. at Berkeley. She also was teaching at the Univ. of California at San Francisco, and finishing up a study that she conducted in Ireland in '72, with cross-cultural implications. Alan's book "The People Science" is doing well. Alan is Vice-Chairman of his department at U. Cal at Davis.

AMANDA MCCREA FUHRO has her degree and certification but lives too far from a teaching hospital at



present. So, she is working for 3 Pediatricians. They live in Blairstown, NJ, a small village, surrounded by farms, and seem to have adjusted very well to country living.

JAMIN SCHOFIELD GUARINO and Ron came to the reunion. They have three daughters and Jamin works part-time at the South Shore Hospital. ELEANOR DYER HAMILTON also is working part-time and she and Don are raising English Bulldogs.

MAXINE CLARK HYBARGER had a cholecystectomy, followed by an active ulcer last October but has returned to school. Her pictures demonstrated her magnificent decorating and sewing talents.

BARBARA KING HEMINGWAY and family are now in Nigeria. Herman was at M.I.T., in the Community Fellows Program, doing research in urban planning and housing. He received a letter of opportunity to teach in Nigeria in 1973. So, they quickly rented their Brookline home for two years, and went to West Africa on August 1, 1973. Herman is lecturing in law, and will do research in Nigerian law. Barbara has been offered an appointment as a clinical instructor, and hoped to be working by September. They plan to visit countries along the Guinea Coast this Summer. Barbara wants very much to keep in touch, so will appreciate correspondence. The address is: Ahmadu Bello University, Institute of Administration, Faculty of Law, Zaria, Nigeria.

JUDITH PALMER MUGGIA and Al moved back to Winchester in 1972. Judie is selling real estate, raising and showing Samoyed dogs. These dogs have gorgeous angora-like fur, which Judie spins into yarn for knitting or crocheting.

MARY JANNINO ROMEO works part-time and cares for five children. ROBERTA FITZGERALD SNYDER is retired at present and travels some with Dick. MARY DUGGAN ROY is also retired at present. Norm was so pleased that their sixth child was a son, he presented Mary with a lovely diamond and emerald ring.

As for me, I have pretty much kept you up to date. Mike is commuting to Rhode Island daily, and I am busily working full-time, going to school

part-time, and trying to find time to knit, crewel, cross-stitch, etc. Please keep the news coming.

\* \* \*

#### September Section

Patricia Friss Newnham  
2107 North Oak Lane  
State College, PA 16801

A bit of news from Christmas greeting cards — DIANE FLOYD BAKER and family are enjoying their new home in Washington Mills, NY. Don is finding the new church and contact with other ministers very interesting. Di is working three days a week as staff nurse in a 250 bed Catholic Hospital, and the three children are busily engaged in school, scouts, etc.

ELEANOR TREINAS PROVASKI has a new address at 15 Ames St., Worcester, 01610. Also JUDITH CROSBY GONSHER is now living in Moscow, PA 18444 and she writes, "our house on Mountain Top is coming along fine, hope to be in by March. All the shortages have made it seem such a long time building it. I'm not working yet, hope to when we get settled."

KATHERINE GLENDENNING JONES is again in a new home — Charlemagne Rd., Huntington Bay, NY 11743. She says they live in a converted barn overlooking L.I. Sound. It is a slow process converting the structure, they have many small things yet to do. Kathey had a trip to Italy and London last June when Warren was on a business trip.

I've had a letter from CAROLYN WORTMAN, 55 Freemont St., Lexington 02173. She and NANCY STURTEVANT BRAY are beginning work on our 15th Reunion. ESTER CROSSMAN HALL has also offered to help. Are any other Boston area residents willing to form a Reunion Committee? I'm sure Carolyn, Nancy and Ester would appreciate your help.

Bob and I are busily planning a March trip to San Francisco area. Bob will be speaking at a Crystallography conference at Berkeley. In August we will be traveling to NH for one of the Gordon Conferences. My mother is very ill and had recent surgery at Hartford Hospital. We are all hoping for the best. Well, that's it for this newsletter. Please keep in touch as Reunion time approaches.



## 1964

Mary Anne Yahoodik Cirino  
1101 Fitch Place  
Warminster, PA 18974

I mentioned that CAROL GIROURD LEE had her four month old son with her at the Centennial. Well, she left three other children home with John. John is still in the Air Force and the family has moved almost yearly. JANE GRELOTTI NELSON is raising three children and they are now in New Orleans where Gary is stationed. JANE GRADY PICHE recently moved to Washington, D.C. and they have bought their first home.

ALICE COBB CLARKE lives in Concord, has two children and works on a maternity floor at the local hospital. ANN COSCO QUEALY lives in Everett but the family spends most weekends at their cottage in Maine. Ann is assistant evening supervisor in Bulfinch. JOANNE WALTERS GUS-TAFSON now lives in Keene, N.H. where Dick is Assistant Dean at Keene State College. CAROL GULZINSKI O'HARA lives in Acton, works evenings in a nursing home and cares for her family which includes three children.

MAUREEN GRANT FORBES now works at a Well Baby Clinic at B.L.I. doing, among other things examinations on infants. CAROLYN BATES MORRIS is now in Michigan and works as a nurse clinician in geriatrics.

LYNN GEEVER MORETTI and family has recently returned to N.E. and are living in Norwell. They have two children. MARIA GALAGHER TRUSLOW had never been to a homecoming before but enjoyed this one. She is at home caring for her family of two small children.

HELEN BOX FORD is also living in Norwell and not nursing at present. She attended Simmons and often saw BARBARA MILES BEAN while there. JOANNE WOOLDRIDGE is working at the General as supervisor for White 10 and 12.

PATRICIA BUCKLEY COUN-  
OYER lives in Rhode Island and has two daughters. She and her husband are restoring an old Victorian home. BARBARA HOLDEN DAVIS lives in Peabody, has two children and works as float at Peabody Hospital.

VERONICA BLENNERHASSET

CUSHMAN is now living in Fall River. Her husband is in the Coast Guard and they had previously been in Alaska. PAMELA GAHERIN WATSON has her Masters, lives in Cambridge and teaches medical-surgical nursing at B.U.

MARTHA WELLS KANNAIR was unable to attend and she had the honor of being the most asked about classmate. JANE INGALLS is still at the General, has held several positions and is presently on the I.V. team.

As for myself, we have three girls — ages 2½ to 7 years. I work part-time as a float in a local hospital. I will welcome letters from any and all members of the class of '64.

## 1967

Claire Stone Steward  
29 Bus Road  
Salem, NH 03079

Congratulations to ESTELLE HARMES PASSERI and Dick on the birth of their second daughter. JOYCE WHEELER TISDELL and Tom are expecting their first child toward the end of May.

Have had word that EILEEN THOMASCH was traveling again. This time she vacationed in Rio during the month of February.

On the more academic level, MAR-  
ION REICHLIE will be participating in the American Association of Critical Care Nurses First National Teaching Institute in New Orleans on May 31 and June 1, 1974. She will be offering demonstrations and applications of critical care procedures in the Progressive Ventilation Workshop.

In a Christmas note from BARBARA TEIXEIRA, she received her BS in Nursing from Boston College in Jan., 1974. Barbara will be studying for her Masters in Public Health at the University of North Carolina at Chapel Hill.

## 1969

We received the following nice note from KATHERINE RICHIO MARAG:

"Was surprised to see my name in the class news section of the Quarterly. Have always meant to write, but never did. I read the Quarterly from cover to cover when it arrives, and really savored the Centennial issue. Next best thing to being there —

always able to share the MGH spirit that Margaret Anderson spoke of — a common bond that never fades.

"We were in Hampton, VA for 3½ years, worked as staff nurse in ICU Complex of Hampton General for 2 yrs. and as head nurse of the complex for a year. Then we left for Okinawa and have been thoroughly enjoying our stay here. Am working on the male medical CCU ward at the U.S. Army Hospital and love it. The MGH cap has been recognized wherever we go — a nice feeling! Have met a Dr. Thomas Dunham who did his residency at MGH in '66, I believe. Am currently taking a 20 month, ICU course at the hospital, but hope to begin classes at the Univ. of Maryland program here.

"Our children ages 10 and 12 are also absorbing the culture and love it. We've become proficient with chopsticks, sitting for long periods of time on the tatami and have added octopus and abalone to our taste adventures (like eggplant, only chewy like a mushroom)!

"Am anxiously awaiting the Winter issue and more about the Centennial. Sayonara."

1972

PAULA O'BRIEN CONNORS writes from 2426 Bar Bit Rd., Spring Valley, CA 92077 that they have bought a new home just outside of San Diego. Paula is working and enjoying her work in ICU but thinks of and misses friends on the East Coast.

\* \* \*

We also received a letter from PAULINE ZINITI MANNA from 6 King St., Dorchester 02122. Polly said they had recently moved to the new address and she expects to return to work soon. Robbie is 6 months old and growing fast.

Polly sent some other items: PATRICIA TALLMAN is living in VA, attending Catholic University and working part-time. MARJORIE DILL plans to be married on June 29, 1974. KAREN FALLON FERNANDES and Eddie have bought a home in Woonsocket, R.I. LOUISA ROSENTHALL JELLISON is working in the CCU at the Goddard Hospital, and DIANE ZEBNIAK may be going back to England this fall.



Celebrating their 5th reunion are eleven members of the Class of 1968 Judith Carucci Beers, Janice Carucci Crafts, Elizabeth Corbridge Aldrich, Mary Jane Hollowell Ashmore, Margaret Morrissey Shea, Sandra Cobbett Moore, Ann Peterson, Diane Battles, Patricia Blackmore Gondolphi, Susan Fisher Flier and Ruth Bowdoin Balboni. (Photo #150)

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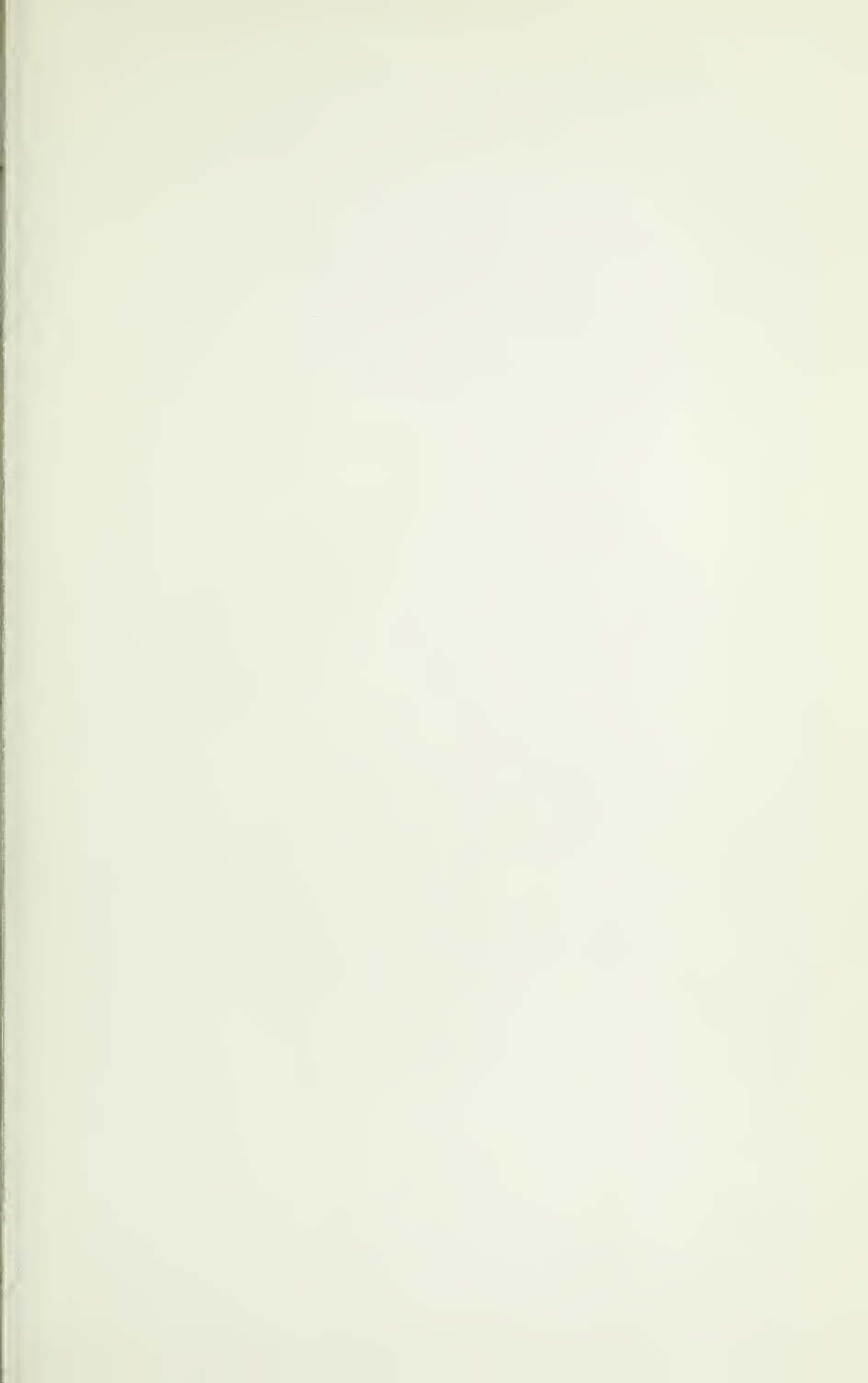
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*Quarterly Record*

OF THE

MASSACHUSETTS GENERAL HOSPITAL  
NURSES ALUMNAE ASSOCIATION, INC.

*Summer, 1974*



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This Magazine is Published in the Spring, Summer, Fall and Winter



## Thank You

We wish to thank the members of the September Section, Class of 1948 for their contribution of \$50.00 to the Sally Johnson Scholarship Fund. The gift was made at the time of the Centennial. Sorry for the delay in acknowledging it.

### ALUMNAE OFFICE HOURS:

Tuesday & Wednesday, 9:00 a.m.-3:00 p.m. — Thursday, 10:00 a.m.-1:00 p.m.

Telephone: 726-3144

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### WHERE TO WRITE

Contributions to the Loan Fund and Requests for Loans: MISS ELEANOR BAUER, c/o Alumnae Office. Make checks payable to the Annabella McCrae Loan Fund.

When Someone is ill: Alumnae Secretary, Bartlett Hall, 34 Blossom St., Boston, Mass. 02114.

Sick Relief Application and Dues: MISS MIRIAM HUGGARD, Phillips House, Massachusetts General Hospital, Boston, Mass. 02114.

Requests for Membership, Alumnae Dues, Changes of Address and General Information: MRS. EVELYN LAWLOR, Alumnae Secretary, Bartlett Hall, 34 Blossom St. Boston Mass. 02114.

# *Editor's Page . . .*

This issue has the final reports of the Centennial — two papers from the Clinical Session and the remaining Centennial Awards. We have reported the Centennial Celebration in detail for those who could not attend and to provide a printed record of the 100th Anniversary of the School of Nursing. It has been a long but enjoyable experience and the membership has been most helpful and patient. Thank you.

The issues of the Quarterly over the past year have been larger than usual and very costly. With the ever increasing price of printing and postage we are looking for ways of controlling our costs. We are talking with the printer about the format, the type and size of print and the quality of paper. One thing that can be done is to limit the size of each issue and to edit material more than in the past. We do not want to discourage Class News but we do ask that each writer edit her material critically. Remember, Class News is read by practically everyone; therefore your material should not only be of interest to your class but also to the entire membership. Those personal items and interesting bits, which have meaning only to the class, are best reported in a Newsletter to all classmates rather than via the Quarterly which at best reaches only a portion of each class.

Mrs. Lawlor and those in the Alumnae Office are constantly making corrections in the mailing list and they check it carefully just before each mailing of the Quarterly. Despite their effort a number of copies (25-50) are returned each time because of changes of address. This means postage is paid both ways, to send it and for the return. Each member can help lessen postal charges by notifying the Office as early as possible of any change in her address.

# THE QUARTERLY RECORD

OF THE

MASSACHUSETTS GENERAL HOSPITAL NURSES  
ALUMNAE ASSOCIATION, INC.

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Vol. LXIV

Summer 1974

No. 2

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## QUARTERLY COMMITTEE

Editor ..... Madalene Brown Calogiro  
11 Vanness Rd., N. Weymouth, Mass. 02191

Chairman ..... Judith Harding Dougherty

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*Subscription to the Magazine is included in the dues of the members of the Association*

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All communications for insertion in the *QUARTERLY* can to be sent to the  
OFFICE OF THE ALUMNAE SECRETARY or directly to the EDITOR

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Memo to contributors. Material should be sent not later than March  
1st, for the Spring *QUARTERLY*; June 1st, for the Summer issue;  
Sept. 1st for the Fall issue; and Dec. 1st for the Winter issue.

## Growth and Regression of Human Tumors

*M. Judah Folkman, M.D.*

*Julia Dyckman, Professor of Surgery*

*Harvard Medical School*

*Surgeon in Chief, Children's Hospital*

*Medical Center*

This morning I would like to tell you briefly about the work we are doing at Children's Hospital as regards the growth and regression of tumors. My particular career is one of those combined careers where I spend much of the morning in the operating room but much of the afternoon in the laboratory. This is similar to what other men do who have a major responsibility because they have a Harvard professorship, a Harvard chair, or a senior position. Their responsibility is not only to teach young surgeons but also to improve the field. This combined career is not appreciated by ones colleagues as you might think. Surgeons who do full time surgery all the time, look upon the man who works partly in the laboratory with some disdain and say, "How can he be as good a surgeon as I? In the afternoon he disappears into the laboratory." Real basic scientists look upon this man with the combined career as a dilettante researcher. It turns out that nature does take pity on him and she reveals to him little secrets and clues from the clinical situation which she would never reveal to the man who works full time in the laboratory or to the man who works full time in the operating room. With these little hints and pearls he can proceed to improve the field in which all, he and his colleagues, work every day.

I will tell you briefly about one advance that we have been able to make in our present understanding of tumors. This came from clinical observations in the operating room of the vascularity of tumors. Everyone use to think that solid tumors, starting from the tiniest little nodule, once started were malignant and grew indefinitely. This is no longer true. We know that the life of a solid tumor can be separated into two stages, 1. before the tumor receives blood vessels — before vascularization and 2. after vascularization. Knowing the stage of the tumor can make a big difference.

What do we know about these two stages? We know that a tumor can live by simple diffusion in the tissues, until it reaches a diameter of 1-2



millimeters. It lives as an avascular tumor and grows to bee-bee size before any new vessels penetrate it and at this point it begins to join up with vessels in the body. This is called angiogenesis, the creation and generation of new blood vessels. Then the tumor grows very rapidly. We know this from a great deal of data from the animal experiments. For example, if we implant a tiny tumor in the ear of a rabbit, the tumor will grow only to a certain size and then wait until blood vessels come in. When blood vessels grow into it, the tumor takes off and grows rapidly. We also know this from clinical observations made at post mortum examinations. All tumors under 2 millimeters in size are healthy living cells but have not connected with any blood vessels. However, in all tumors over 2 millimeters we see a beginning penetration of blood vessels. This turns out to be generally true of most tumors in man, with but a few exceptions.

We also know that solid tumors are not able to send out any of their own capillaries, they are not like a skin graft. A skin graft, or any other grafted tissue, will send its own capillaries out to meet those of the host and they will connect. Tumors will not do this, they always have to elicit capillaries from the host. We also know that the mechanism for doing this is a diffusable material which we call TAF or the Tumor Angiogenesis Factor. This particular factor, a nuclear protein, has been found in a wide variety of solid tumors and can force the host to send out new blood vessels rapidly and continuously. The blood vessels come by the thousands and travel  $\frac{1}{2}$  millimeter a day and will always find and penetrate the tumor. This diffusable material will work over several millimeters distance which is very important for a little tumor which is growing.

We now know a great deal about the chemistry of TAF. One way in which we can assay the factor is to extract it from solid tumors of both humans and animals. The factor is then purified so that a few micrograms are available for testing. One test is to implant a micro drop with a #30 hypodermic needle into the cornea of a rabbit's eye. Wherever we place it blood vessels will grow in from the side, through the cornea, and will find their way to the implanted dot — usually within 5 days growth.

We further know that this conversation between tumor cells and blood vessels is two way. Tumors talk to blood vessels and stimulate them; but blood vessels talk back in an extraordinary way, and this wasn't appreciated until quite recently. If you block this message the tumor nodule will stay dormant. It will never grow beyond about 2 millimeters. This is true of all types of tumors in all animals. During this dormancy the tumor stops growing mostly because of a garbage problem and problems of nutrition due to the lack of blood vessels. It is for this reason that we believe that of all the unusual molecules which tumors make in their growth, this angiogenesis factor may be one of the most important. It is the signal upon which further growth of the tumor is dependent. We now have a whole series of papers which support this; however the very first one came from the Profusion of Isolated Organs which I started as a resident working for Dr. Churchill here at MGH. At that

time there was no way one could get grants, so Dr. Churchill set up a small laboratory and wrote a check for \$300 from the Department of Surgery. This covered the entire project of Isolated Organ Profusion and the Study of Related Tumors. I still have the copy of the check because it was the original personal granting method and it helped a great deal.

How do we know that the tumor will not grow if there are no blood vessels coming into it? We have 4 major pieces of evidence but I only have time to tell you about one. This is the one that comes from clinical observation, the other 3 are experimental. In a child with retina blastoma — a tumor in the back of the eye — the retina can metastasize little cells up to the anterior chamber behind the cornea. We find tiny tumors floating around in the anterior chamber. The ophthalmologist will diagnosis this tumor in just this way and calls these tiny tumors “floaters”. These are live tumors which remain dormant because the cells can’t get out into the aquaeous which is a nutrient and which changes every 20 minutes. It is a rich nutrient but the blood vessels can’t grow through it and because of this the tumors grow rapidly to 2 millimeters and never grow beyond that, they always reach the same size. This has been shown with a number of eye tumors in man; the idea is that because the vessels can’t get to the tumor it remains dormant and just never gets bigger. We have demonstrated this in laboratory animals as well. However, if we place the tumor in the iris, within four days it is vascularized and begins to grow rapidly and will kill the host animal in 12-15 days.

This dormancy has also been proven in a number of other ways but most easily understood if you take one of these tumors from the eye and place it in an isolated system making the tumor think it is living just as it does in tissues. You do this by making nutrients thick enough so a tumor will live in an aquarium. You change the media continuously and you can grow a single tumor cell. Taking movies of the cell you can watch it grow to a tumor and watch it turn off its growing potential when it is unable to get blood vessels.

We are beginning to get a clearer picture of how solid tumors work. Single cells grow to a tiny dormant size and produce TAF, they wait for blood vessels to then connect, and then the tumor grows rapidly. It becomes clinically recognizable when 1 centimeter in diameter and contains 2 billion cells. This is the first time you can get rectal bleeding, or the first time you can palpate the tumor in the breast — the first time it can be detected by any method. Anything below 1 centimeter is below clinical detection.

What we are proposing is that if we can block TAF tumors might remain dormant and metastasis might also remain dormant. I can say that with much more optimism this year than I could in previous years, because we are now beginning to see several ways to block TAF. One way, of course, is to make a TAF antibody. With it you might vaccinate a patient against a blood vessel producing factor so that he would not get metastasis after you have treated the original tumor. In fact, we have recently found that we have two agents — two compounds which do stop TAF totally even without an antibody. One of these comes from new born cartilage. We have found that even big tumors

shrink away when you turn off the signal. The vessels go away and the tumor is reduced to a small size. You can surmise what might happen clinically if one could do this. Clearly, metastasis might be reduced.

In terms of immunal therapy, my personal belief is that if immunal therapy is ever to become the therapy of choice for solid tumors; anti angiogenesis — the blockage of blood vessels, must be used prior to initiating immunal therapy and the combined effect might make it a very powerful treatment against metastasis.

Finally, we are beginning to understand that malignant drift in human cancer might be slowed down. That is a very important point. What do I mean by malignant drift? Everyone who works with tumors in animals knows that when you continuously propagate a tumor from one animal to another of the same strain, the tumor gets worse. It picks up malignant characteristics every time it divides, about 10 generations; so you start out with a slow growing tumor and you end up with a fast growing tumor. It grows in ascites and in bone marrow and it metastasizes widely and it spreads more easily.

We have observed the same kind of situation in human cancer which we have studied over the past 10 years. For example, in adults with tumors in the colon, or cancer of the breast or of the muscles, the tumor begins as a small slowly growing mass. You remove the tumor and there may be months or years before there is a recurrence of tumor. Now this recurrence is more undifferentiated and faster growing. It is now a clone of cells which is worse, from a malignant point of view, than the original. The next tumor free interval is much shorter, distant metastases now appear and they can be highly undifferentiated and wild looking. Each recurrence is a worse tumor than the primary — soon the tumor is growing in bone marrow and ascites. At this stage the transfer of the tumor into animals or to cell culture is very easy, much more easy than it was with the primary tumor.

Just assume for a moment a hypothetical situation. Suppose that after a patient's death the tumor from his body could be transplanted to an identical twin. Would it start all over again like it was in the original patient? Would it be slow growing and give this 10 year course? We know from animal experiments it would not, it would begin immediately as bone marrow ascites and be a widespread metastatic kind of tumor. This phenomenon of malignant drift seems to be a function of the number of cell division and if you allow any tumor to go through 10's, 100's, 1,000's of cell divisions, then it will drift down this line and become dangerous. So, we are beginning to appreciate that the dormancy that we might induce by turning off blood vessels by anti-angiogenesis, might theoretically stop or slow malignant drift. If this could be accomplished it would be a powerful adjunct to what we have now.

In conclusion, this concept is one that actually started from clinical observations at the bedside but is beginning slowly to be proven actually sound in the laboratory. When we know how to turn off this chemical signal it will eventually come back to the bedside.

# Acupuncture

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## INTRODUCTION:

Acupuncture has been practiced in China for over five thousand years, it is not only being practiced there today, but also spreading widely over the world. Many distinguished American physicians had witnessed its success in mainland China not only for treating all kinds of ailments, but also for inducing analgesia for surgeries as well. There is no doubt in everybody's mind that Acupuncture works, at least on Chinese, Japanese, and now on Europeans and Americans.

Recently, because of a tremendous interest expressed by the American Public, the Government and many medical institutions are quite concerned about its future impact to the American people.

It is the time somebody should do something about it, we can't neglect the fact simply on the grounds of lacking any scientific evidence.

## BRIEF HISTORY:

The idea of pricking or scarifying the skin with sharp pieces of bone or stone in order to obtain a local therapeutic effect goes back to prehistoric times, and has extended over a very large area of Europe, Asia, and America. This technique has, however, developed in a very particular way in China, where it dates back much further than is generally known. The technique did not become classical until the end of the 3rd century or the beginning of the 2nd century B.C.

Acupuncture, along with Herbs and Maxibustion has been one of the most important therapeutic methods in the armamentarium of Chinese medicine since time immemorial. It is mentioned in the oldest Chinese medical book, *The Yellow Emperor Canon of Medicine*, which was supposed to have been written around 270 B.C. In these books, Acupuncture was discussed by the Yellow Emperor (2697-2597 B.C.) with his minister, named Chi-Pai. There are 365 vital points or meridian points for Acupuncture distributed along the twelve pairs of the meridians. Puncturing should be made at these



points to evacuate the harmful air or to relieve the stagnation and reestablish the free flow of Chi or energy.

In the sixth century, Acupuncture was spread over the borders of China to Korea, Japan and southeast Asia and became a part of their standard medical practice. Around the ninth century, the Arabians, then the Europeans — especially the French and the Germans — also learned and adopted this method of treatment. It reached a high point in the Sung Dynasty (960-1276 A.D.) when the first Acupuncture Mannikin was made with Copper to facilitate its teaching, learning and practice, and it was one of the subjects included in the medical qualifying examination. Since then it gradually declined and reached the lowest point after the fall of the Ching Dynasty in 1911 and the beginning of the Chinese Communist Government in 1949. During this period, western medicine was introduced into China and it flourished to such a degree that Chinese medicine as a whole was regarded as being primitive, inadequate, and unscientific and even openly defied by health officials of the Chinese Government.

It was only within the last 20 years, that Acupuncture has been reactivated and particularly got a boost by Chinese introduction of Acupuncture Analgesia which is a new development since 1958. Up to 1970, 400,000 operations had been done under Acupuncture Analgesia and the successful rate was 90%. The operations were tonsillectomy, herniorrhaphy, thyroidectomy, laryngectomy, gastrectomy, craniotomy, and even pneumonectomy.

Today, Acupuncture is being practiced widely in many countries, Japan, Korea, many other Asian countries; and in France, Germany, England, Russia, and United States.

### CHINESE PHILOSOPHY:

Chinese medical and philosophical teaching maintains that in a healthy body there should be a free and uninterrupted flow of what they called the "T'chi" or a better word, the "Vital Energy" and this force is controlled by the interplay of two forms of energy, the Yang (positive) and the Yin (negative). It may well be that this force is an electrical potential emanating from the minutest cells in the body by their biochemical and biophysical exchanges. This balanced energy, according to traditional medicine, circulates from the main organs through the meridians or channels beneath the skin in the following rhythmical order. From the lungs to the large intestine, bladder, kidneys to circulation-sex, triple warmer, gall-bladder and liver and from the liver back to the lungs; in an endless cycle of free flowing energy. In disease or in an organ that shows signs of weakness there is a hold-up of this free flow, a damming or if we look upon energy as an electrical potential, a blowing of a fuse that has repercussions not only on the affected meridian but in time will have a deleterious effect on other meridians and other organs.

The aim of Acupuncture is to restore this free flow of energy through the meridians, break down the blockage, improve the functioning of the organ and restore the patient to health. This is done by placing a needle or needles

at certain fixed points in one or other of the affected meridians. The affected meridian is determined by taking the pulse according to the Chinese method of pulse diagnosis.

## CURRENT INVESTIGATIONS:

In China, Japan, Korea, Russia, and Europe, many researchers are currently investigating the anatomical and electrophysiological characteristics of Acupuncture points and meridians, nerve conduction by single fiber recording along the nerve pathway up to the central nervous system, related to Acupuncture. Pathophysiological changes, and clinical applicabilities.

In United States, the AMA and ASA both had already appointed a special committee to look over the various aspects of Acupuncture.

The NIH and NIDR are sponsoring many clinical and laboratory investigations undertaking or currently under planning in many major medical centers over the country.

At MGH, we did a pilot study to test the effectiveness of Acupuncture compared with the effect of narcotic Morphine using artificially induced ischemic pain of the arm by Submaximum Effort Tournique Method. A total of 35 healthy hospital employees are volunteers for the study, and the results are very promising. Our future studies are aiming to rule out the effects from many other variables such as, environment, technique, operator effects, subject's psychological effects: suggestion, expectation, past experience, motivation and belief, etc.

## THEORIES ON MECHANISM OF ACUPUNCTURE:

1. Traditional Chinese Meridian Theory: see Chinese philosophy.
2. Gate Control Theory.

Pain, what is pain? Dr. Henry K. Beecher, one of the nation's foremost research scientists on pain, concluded that pain is indefinable except as each man introspectively defines it for himself. Not only is pain so subjective that it defies universal definition, but it is interpreted from different professional and cultural points of view. The psychological nature of pain is so complex as to be almost beyond comprehension. Dr. Howard W. Haggard in his book, *Devils, Drugs, and Doctors*, calls pain the supreme subjective phenomenon of disease and says it is almost wholly mental. "A man during rage feels no pain from injury until after his anger has cooled, the same man waiting in the anteroom of the dentist may suffer agony in anticipation." Therefore, many theories have been proposed to explain the phenomenon of pain, yet none of them can satisfactorily explain all the peculiar features of pain syndrome, such as phantom limb pain, causalgia, etc.

The main purpose of Acupuncture is to relieve the pain or to induce analgesia, we can understand the mechanism of Acupuncture easier only if we know the mechanism of pain. Multiple Gates Control Theory might be the right answer for the mechanism of Acupuncture.

## ACUPUNCTURE vs HYPNOSIS:

Some psychiatrists and psychologists claim that Acupuncture is simply just another type of hypnosis, because they are quite similar in many aspects. Acupuncture vs hypnosis is still a matter of dispute, there is no scientific evidence to support one way or the other. The majority of people are still quite skeptical about this matter. However, there are some facts which point favorably to one direction that Acupuncture is not equal to hypnosis, such as:

1. Acupuncture points have special anatomical and electrophysiological characteristics.
2. Acupuncture changes the neuron firing detected by micropipe recording in the CNS system.
3. Acupuncture analgesia has been used successfully in infants and newborns.
4. Acupuncture analgesia has been achieved successfully in animals, such as cats, dogs, monkeys, horses and even mules.

## CONCLUSION:

It is too early to make any firm conclusion at this point, but one thing that we know is that Acupuncture does work. Further studies are required to determine the effectiveness and clinical applicabilities of Acupuncture, meanwhile, it might shed some light on the real mechanism of pain and Acupuncture analgesia.

Millions of people are suffering from chronic pain which doesn't serve any purpose and billions of dollars are lost because of their disabilities. No matter what Acupuncture is, if those people can get any benefit from it, it is worth our efforts.

## Centennial Cup and Saucer Available

A Wedgewood cup and saucer commemorating the Centennial of the School of Nursing is being sold by the Alumnae Association. Issued in a limited first edition, the cup and saucer were designed to match the plate commemorating the 150th anniversary of the Hospital. The cup and saucer may be purchased for \$10 at the Alumnae Office. Profits will be used to give financial aid to students and graduates of the School.

Mail orders will be filled. There is an additional cost of \$3.00 for postage, insurance and handling. Make checks payable to MGH, Alumnae Association.

## Centennial Awards

*The following are Margaret Harrington Anderson's introductory remarks as she presented each recipient with her Centennial Award.*

### HELEN BELCHER —

Improvement and Regionalization of Nursing Education

In view of the following accomplishments, I am sure that the Alumnae and their friends agree that Helen Belcher is most deserving of this award. Helen, Class of 1944, has made an outstanding contribution to nursing in the areas of research and education.

She received her A.B. from Mt. Holyoke College prior to entering the Massachusetts General Hospital School of Nursing. Her Master's in Nursing was from the University of Washington. Following graduation from the school, she remained as an instructor for two years and then moved to New York Hospital and Cornell University where she did staff nursing, supervision and teaching. Helen then went to the West Coast to the University of Washington School of Nursing where she participated in Curriculum Research and co-authored two books as a result of this project. From Seattle she moved to Washington to the U.S. Public Health Service in the Division of Nursing Education and then on to Southern Regional Board of Higher Education as Director of the Nursing Education Program. Helen

returned to Massachusetts in 1972 in the same position with the New England Board of Higher Education.

She has published numerous articles and reports in nursing and other professional journals. Her professional activities include membership on many committees including the national and state nursing organizations, membership on several review committees for the USPHS, the Nursing Advisory Committee of the Kellogg Foundation and the Regional Advisory Committee, Region IV, USPHS.

Helen Belcher is a modest, quiet person with a broad vision, is knowledgeable about people nationally and is nationally recognized in her own right. She has gone far and will continue to do so in the coordination of nursing and health programs.

### INGEBORG MAUKSCH —

Nursing Education and Research

For Ingeborg, educational preparation in nursing at the MGH was only the beginning. A Bachelor of Science in Teaching in Schools of Nursing followed in 1945 at Teachers College, Columbia University and a Doctor of Philosophy in Educational Administration at the University of Chicago in 1969.

Ingeborg began her career in teaching as Student Assistant in Nursing Arts with Sylvia Perkins. She remained for a short time as an instructor, leaving MGH to assume



the position of Chairman in the Nursing Arts Department at St. Luke's Hospital School of Nursing in Chicago and later to broaden her responsibility as Chairman of the Department of Nursing in the combined Schools of the Presbyterian and St. Luke's Hospitals.

As her education broadened Ingeborg's interests turned toward collegiate education. She became Chairman of the Department of General Nursing at Loyola University in Chicago. In 1968 she was appointed Associate Professor and Family Nurse Practitioner, Department of Community Health and Medical Practice, School of Medicine, University of Missouri-Columbia. She is also a Consultant in Nursing, Mid-Missouri Mental Health Center, Department of Nursing and Planned Parenthood Association of Central Missouri.

Amongst her many noteworthy professional activities she has been twice elected as President of the Illinois League for Nursing, appointed to the Board of Directors of Teachers College, Columbia University and to the American Nurses Association Commission on Research.

Her ability as an author is known to all through her articles and reports, some of which have been published in the American Journal of Nursing and Nursing Outlook.

In this busy life, time was found for marriage to Dr. Hans Mauksch, a long time student and ardent supporter of nursing. And, time was found with Hans to rear a boy and a girl, now both grown.

Ingeborg has been cited by honorary societies, by scholarships and grants from private and governmen-

tal organizations and by universities and agencies which sought her interest, her ability and her untiring energy.

Tonight we honor Ingeborg Mauksch as teacher and student and especially as a nurse who sees the possibilities for the improvement of nursing through research and recognizing this potential has directed her time and talents to this end.

#### CONSTANCE HOLLERAN — Government Affairs

Being named this past year by *Medical Opinion* magazine as one of the twelve important people in Washington in the health scene or a "Washingtonian Every Doctor Should Know" is one more indication of her influence and the esteem with which Constance Holleran is regarded. Her ability to ferret out information in relation to nursing and the political scene has inspired nurses across the country to become involved, to become knowledgeable about authorizations, appropriations, budget requests, and continuing resolutions, and to become a voice for their Congressmen to reckon with. Appointed in January 1971 as Director of the American Nurses' Association Government Relations Department in Washington, D.C., she formerly served as Nurse Consultant and then Chief, Project Grant Section, Nurse Education and Training Branch of the Division of Nursing, Department of Health, Education and Welfare. Her dedication to the cause of nursing legislation had a strong impetus when earning her Master's degree at Catholic University, Washington, D.C., in 1964, with

the development and passage of the Nurse Training Act of 1964.

Her other activities since graduation from MGH, Class of 1956, include a B.S. Degree earned at Teachers College, Columbia University, 1958; an appointment as a faculty member of the MGH School of Nursing, 1958-1963; membership on the Secretary of the Department of Health, Education and Welfare's Committee on Expanding the Scope of Nursing Practice in 1971, and Chairperson of the Coalition for Health Funding.

A charming, natural, witty, perceptive and articulate spokeswoman for nursing with intense drive and sensitivity to the needs of others, Constance Holleran has earned respect as a person, a teacher, a nurse and outstanding professional woman from the multitudes who have come to know her.

#### THELMA WELLS — Clinical Nursing Practice

Anyone who has met Thelma Wells once always comments on her dynamic approach to nursing. Her enthusiasm is contagious to all who work with her. She has an amazing ability to make the history of nursing come alive, as any one of her MGH students can confirm.

After graduating from MGH in 1962, she worked at MGH as staff nurse for a year; then she worked as a staff nurse at Westminster Hospital in London the following year. She returned to MGH as a staff nurse and subsequently went to Boston University. She received a B.S. in nursing from B.U. in 1968, summa cum laude. While a student at B.U.,

she worked part time as a staff nurse, then later as an evening supervisor in Bulfinch and as a clinical instructor full time during the summers.

The diversity of her experience is evidenced by the range of her jobs from the above mentioned clinical instructor to a staff nurse in an Ohio nursing home one summer to a graduate of a Geriatric Nursing Course in 1971 from Cowley Road Hospital, Oxford, England. She was also a Ward Sister or Head Nurse at Cowley Road Hospital.

She received a Master's in Science in Nursing from Case Western Reserve in 1970. Presently, she is a doctoral candidate and a Geriatric Research Associate, Geriatric Medical Department, University Hospital, Manchester, England. She describes her doctoral research as concerned with geriatric nursing care problems. She is focusing on physical structure and equipment, type of work and interaction behavior in geriatric wards. In addition to her research work, she teaches geriatric nursing in workshops and class rooms and is developing a postgraduate course in Geriatric Nursing at the University of Manchester. She is assisting with the formation of a specialty group in geriatric nursing with the Royal College of Nursing.

#### FLOREID AMBERS — Public Health Nursing

Floreid Walker Ambers graduated from the MGH School of Nursing in September of 1964. From September 1964 until September 1965 she worked for the Visiting Nurse Service of Rochester, New York, while attending the University of Roches-

ter Evening School.

From September 1965 to June 1968, Floreid attended Case Western Reserve University where she was elected to Sigma Theta Tau, Nursing Honor Society on May 4, 1968. She received her B.S. in Nursing in 1968. During that time she worked at Case Western Reserve University Health Service as a staff nurse and at University Hospital of Cleveland as a staff nurse.

From September 1968 to June 1970, she attended Case Western Reserve and received an M.Sc. in Nursing (Administration — Public Health Nursing). Floreid was responsible for initiating new Public Health Programs at Case Western Reserve Hospital. She worked through school and with scholarships entered research at Case Western Reserve.

From June 1970 to June 1971, she was supervisor at the Chronic Illness Center, Cleveland, Ohio.

From August 1971 to the present, she has been Clinical Instructor in Public Health Nursing at the Frances Payne Bolton School of Nursing, Case Western Reserve University. From August 1971 to December 1972 she served as Field Nursing Supervisor at the Maternity and Infant Care Project, Cleveland, Ohio.

On June 27, 1970, Floreid was married to Jasper L. Ambers of Montgomery, Alabama in Boston. A baby boy, Jason Edward Ambers, was born on August 25, 1972.

#### SYLVIA PERKINS —

The History of the School of Nursing

To her pre-nursing college preparation Sylvia added a Bachelor's

degree and Diploma in Teaching in 1932 and a Master of Arts in 1938 from Teachers College, Columbia University.

Like many other MGH graduates before World War II who have made significant contributions to nursing education, Sylvia's teaching career began as Student Assistant in science teaching during her senior year.

Except for a period of two years when she was director of the School of Nursing and Nursing Service at the Morristown Post - Graduate School in New Jersey, Sylvia's professional life has been devoted to teaching and to her students. Her experience included science instruction at the MGH and in the Flushing Hospital School of Nursing, Flushing, New Jersey. She was an Assistant Professor of Nursing and Assistant Director of Clinical Education at the Russell Sage College School of Nursing, Troy, New York.

In 1940 Sylvia returned to the MGH as Instructor in Nursing and as the School's organization developed became first an Assistant Director and Instructor in Nursing, later in 1946 as the Radcliffe affiliation was made, Assistant Director of the School of Nursing and Chairman of the Coordinated Program.

For 28 years at MGH Sylvia has taught and guided over 2,000 MGH, Radcliffe, and Simmons College students not only in basic nursing but in laying a foundation for practice in an ever more complex field.

Important as her contribution has been in nursing education, we choose especially tonight to honor Sylvia for yet another reason,

Over the years early Superintendents of Nursing at MGH have saved some significant memorabilia. Miss Parsons, Miss Johnson and Miss Sleeper added more to the unorganized and widely scattered collection. Sylvia took upon herself the difficult and time consuming task of collecting and cataloguing these papers, publications and other items. For this work which brings its own record of our School's history, we as an Alumnae are grateful.

Tonight at this Centennial Celebration, we honor Sylvia Perkins especially as an Historian who has with the help of hundreds of Alumnae prepared for us and for other students of nursing history an up to date record of the School's history, a significant addition to the history of nursing in the United States as well as to the history of the MGH, a Centennial Review.

**EVELYN LYONS LAWLOR —**  
Her Devoted Service as Secretary of the Massachusetts General Hospital Nurses Alumnae Association

Evelyn Lyons Lawlor, Class of 1936, is a stranger to no one. A "faithful servant" as well as an alumna, "Evie" has been the key to the continuous, successful management of the MGH Nurses Alumnae Association since 1956 when she became the Alumnae Secretary.

After graduation in 1936, Evie completed the calendar year as a staff nurse on Ward E. From January 1937 until July 1951 she was Admitting Supervisor in the Out Patient Department at the MGH except for a leave of absence period in 1942. During this leave of absence, she

found time to assist the Braintree Red Cross in teaching classes as well as being active in her church societies.

Staying in the "MGH family", Evie was married in April 1941 to Augustus A. Lawlor Jr., a member of the MGH staff. A son, Augustus III, was born in 1951. Evie's dedication to and love for her school has been expressed by this whole family, through many years of unselfish service for the Alumnae Association — small services such as running errands, making posters, addressing envelopes, etc., all of which together have kept the wheels turning successfully.

Although the amount of work has increased in the Alumnae office, Evie still has time for her community activities in Braintree, her church and the Historical Society, as well as her expression of beauty in her lovely garden on Cherry Street.

It is with a great deal of love and appreciation that we honor Evelyn Lyons Lawlor today.

**BARBARA FITCH —**  
Devoted Service as Secretary to the Director of the School of Nursing

A woman of priceless, dedicated service and loyalty to the Nursing Service and the School of Nursing, Miss Barbara Fitch originally came to the Massachusetts General Hospital for two reasons. One was an interest in medicine. After caring for a seriously ill member of her family and experiencing the reward of his recovery, she graduated from the Pierce School in 1931. Subsequently, for eleven years, she was secretary to two physicians who quickly recog-



nized her keen intellect and her ability to handle a great variety of tasks and to function in expanded roles. At their suggestion she completed a course as a laboratory technician so that she could carry out such procedures.

The other reason she chose MGH was a combination of pragmatism and love for a black cocker spaniel called "Monty". MGH, though it might have other qualities to recommend it, was close enough to home so that she could take Monty for a walk during her lunchtime.

Since October 1944, she has been secretary to the Director of Nursing Service and the School of Nursing and since October 1966, to the Director of the School of Nursing.

She is a "woman for all seasons", with relentless energy, perseverance and high standards, but most of all, an unsurpassed depth of concern, caring, sensitivity and humility. A remarkable memory for details and anecdotes has made her unofficial historian. She combines the talents of a diagnostician, executive, teacher, ambassador and information center with a delightful sense of humor, imagination and far ranging interests.

Her service as a volunteer in the Surgical Clinic of the Boston Dispensary and as an Air Raid Warden for the Beacon Hill area, following a course given by the Massachusetts Women's Civilian Defense Corps in World War II have contributed to her ability to handle and respond to the daily crises, emergencies and tensions.

A fondness for travel, whether a walk to the Boston Public Library,

a trip through the English countryside or vicariously through the pages of a book, is further stimulated by her perceptiveness and interest in people, events and history.

Her main avocation, cooking, reveals her inventiveness and ability to improvise. During the food shortage of World War II, with typical flair and imagination, she entered a cooking contest sponsored by the New York Herald Tribune on "How to Use Bones and Make the Palatable". Her original recipe for "Shin Bone Casserole" won second prize and is available on request.

Her talents, spirit, courage, capacity for giving of herself seem limitless. We honor her for her selfless contributions, her love and support and for being the person that she is.

#### HELEN SHERWIN —

Her Contribution and That of Other Non-Alumnae Colleagues to the School of Nursing

I now wish to present a remarkable woman who represents for us, the many MGH School of Nursing faculty who are non-alumnae and who have given so much to the students. Helen has been teacher and friend to many of us since her arrival at the school in 1945.

Her interests are boundless. Her presentation of any subject is multifaceted. Luckily the student who was sparked to see all of the factors that bear on patient care and the delivery of health care.

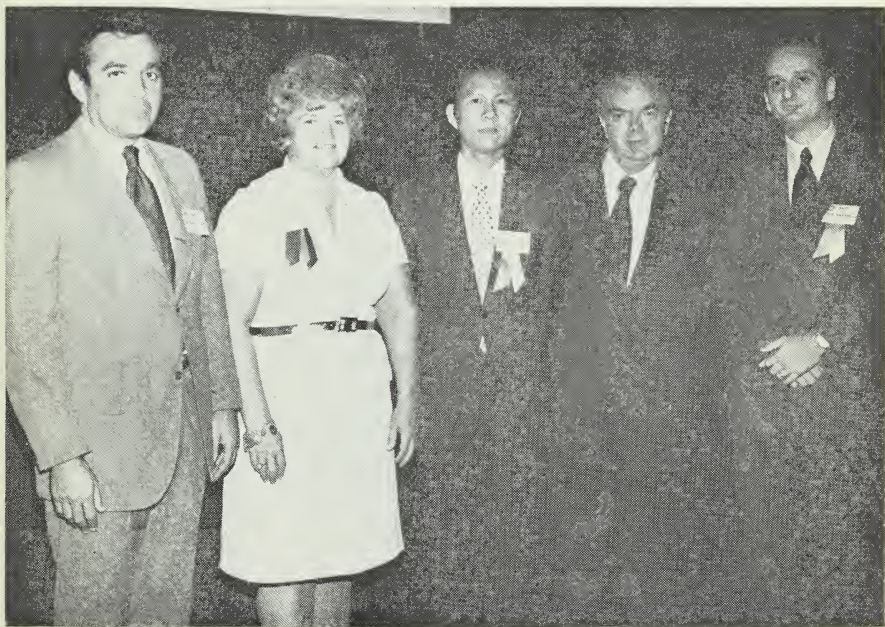
Helen is herself a diploma school graduate (Hospital of the University of Pennsylvania). She received her B.S. in Education from the University of Pennsylvania; and her A.M.

at Teachers College (Teaching of the Sciences, Schools of Nursing). She has had training at Bethel's Laboratory for Group Development and has received a C.A.G.S. from Boston University's School of Education.

She is presently Coordinator of Science Instruction and of Psychiatric-Mental Health Nursing at the MGH School of Nursing. She has served as an instructor of Nursing Arts, Chestnut Hill Hospital, Pennsylvania; Educational Director-Science Instructor, Waterbury Hospital, Waterbury, Connecticut, and in many varied positions in science

instruction since her arrival at the MGH. She has served actively in the Massachusetts League for Nursing and the Massachusetts Nurses Association and in the National League for Nursing.

A woman who is remembered by many and who to the surprise of even the quietest MGH student does them honor by addressing them by name and by recalling an event which involved them. This is symbolic of her intense interest in students as individuals and her breadth of interest in students as valued learners in the School of Nursing.



Miss Ann Cahill, Co-Chairman of the Centennial Steering Committee and the four doctors who spoke at the Clinical Session. Dr. Richard J. Smith, Miss Cahill, Dr. Han T. Chiang, Dr. Kenneth T. Bird, Dr. M. Judah Folkman.

## A Centennial Review, 1873-1973

*Memorandum to: Those who placed an advance order and all others interested.*

Did your mother ever say, "This is going to hurt me more than it will hurt you," when she was about to deprive you of something that you wanted but could not have? What I must tell you distresses me more than it can possibly affect you whatever disappointment or annoyance you may feel about the delay in receiving the copy of *A Centennial Review* for which you have already paid. There are 810 of you so the aggregate displeasure may be formidable.

As you know the business of deciding how many copies of a book to have printed provides one of the pitfalls of any publishing venture. The device of taking advance orders produces some safeguard for those who purchase and for those responsible for the printing order. In your case all 810 of you have a guarantee that the charge for this book will not be increases. Many of you who responded to the questionnaire chose to pay the full rather than the reduced price. We are grateful for that support. Our canny treasurer has banked all money received so that the interest earned may be used to help offset the increased expenses. Printing costs have been ascending also. After October 31, 1974 we shall be obliged to charge more. With only 810 advance orders, the committee believes that the original estimate of 4,000

copies is not justified, therefore the order will be reduced. We do not want unsold books gathering dust in some dormitory basement in years to come.

Miss Sleeper and other members of the committee have read the manuscript, and they have offered very helpful suggestions. Some months ago it became certain to the editor, Mrs. James, to the author, and others that the manuscript, as it was being developed according to plan, was becoming too long to publish in one volume. The decision to prune and revise the manuscript is being acted upon. This will be the edition you will receive. Mrs. James believes that the entire manuscript is of sufficient value to scholars of the history of women and of nursing to warrant placing a copy in Radcliffe College's Schlesinger Library (one devoted to materials about women) and in other selected libraries as well as those at the MGH.

So what you really want to know is when you are going to receive your copy of *A Centennial Review*. The projected date is September, 1975 since the printer must have six months in addition to the six months needed by the author and the editor.

As you would expect, the members of the sub-committee who have been very closely associated with the *Review*, have given stalwart support and help of many kinds. In no way should they be charged with any of

the delays that have developed.

The time that the author has given to this book has brought new insights, many rewards, and not a few headaches. Now much to everyone's delight, the light at the end of the

tunnel is in sight.

Sylvia Perkins, Chairman

Committee for

A Centennial Review, 1873-1973

August 15, 1974

## News Notes

We received a very interesting article from a Beaver, Ohio newspaper of June 20, 1974 which was devoted to Martha Codi Raaks, class of 1955 and her husband Ramen. The Raaks had held an Open House for their friends and relatives to mark a family milestone. They were celebrating the achievements of the whole family because all contributed, but mostly the celebration was for Martha "Bunny" and Ray.

On June 5, 1974, Ray, Superintendent of Labor Relations for the Alloy Division, Colt Industries, Midland, graduated from Duquesne University Law School, following four years of study. Ray was cited for the highest grades in Labor Law for the year 1972-73. He was scheduled for his 2-day Bar Exams on July 31 and August 1.

One year after Ray started evening Law School, he encouraged Bunny to return to school, also. Bunny found that nursing had changed a great deal in the nineteen years since graduating from MGH, and the return to School was "a fearful experience after so many years." In May 1974, she graduated from Geneva College with a B.S. in Psychology, Magna Cum Laude. She is now looking forward to her job as a social worker at the Easter Seal Society.

\* \* \*

In a News Release from the University of Massachusetts, received in May, we were told of the retirement of Mary Gilmour Helming, class of 1940. Prof. Helming has taught nursing at UMass since 1954. After graduating from MGH she attended Simmons College, and Catholic Uni-



versity of America. She taught at MGH and at Boston College before going to UMass. In 1973 she was named Director of the UMass division of nursing, School of Health Sciences. She has been active in several professional organizations, including the ANA, the Council on Education, and our Alumnae Association.

Prof. Vernon Helming, Mary's husband, has also retired from UMass where he has taught English for 41 years.

\* \* \*

From the *MGH News* we learned that Dr. Charles Sanders, MGH General Director, has recently created the position of Deputy to the General Director for Cancer Affairs. Appointed to fill the new position is Dr. Howard Ulfelder, MGH Chief of Gynecology and the Vincent Memorial Hospital Chief of Staff; and Joe V. Meigs Professor of Gynecology at Harvard Medical School.

Dr. Ulfelder will coordinate all cancer treatment and cancer projects at the MGH. Most of his work will be in association with the activities in the new Cox Cancer Center, due to open late in 1974. He will work with the medical oncologists (tumor specialists) — chiefly in the fields of immunology and chemotherapy — radiation therapists, surgeons, and representatives of all the clinical services at MGH.

Dr. Ulfelder believes that, in the future, teams of physicians will predominate because no longer can one physician know enough about all aspects of cancer management. He hopes to encourage the closest kind

of intercommunications among people dealing with cancer at MGH and thereby offer every patient the benefit of as much special knowledge and skill as is available.

## Graduation — Class of 1974

The 99th commencement exercises of the MGH School of Nursing was held on May 31, 1974 at John Hancock Hall with 103 women and 2 men becoming graduates of the School and joining the ranks of the Alumnae Association.

The guest speaker was Miss Audrey R. Brady, Coordinator of First and Third-Year Nursing. Miss Brady spoke of the many possibilities open for the nurse who seizes unexpected opportunities.

Miss Natalie Petzold, presented the diplomas and the following awards: Faculty Award for Excellence in Patient Care — Eileen Byrnes; Marie Scherer Andrews Award for Excellence in Orthopaedic Nursing — Sara G. Mitchell; Wetherill Awards for displaying a "spirit of thoughtfulness to others" — Joyce D. Fallon, Tina A. Galla, and R. Elna Rapp.

Guests of honor were Dr. Charles Sanders, MGH General Director; Mr. Maurice J. Downey, Chairman of the Advisory Council to the MGH School of Nursing; and Mrs. Margaret Harrington Anderson, President of the Alumnae Association, who presented each student with a red rose or boutonniere.

# In Tribute

## Mary E. Shepard

Mary Estelle Shepard, a past President of our Alumnae Association died on April 19, 1974 in a Lexington nursing home.

Miss Shepard was born in Walpole and lived there for many years. She graduated from Salem Normal School and had taught in the Franconia, N.H. public school system before coming to MGH. She graduated from MGH in the class of 1924. She then taught at the Framingham Union Hospital School of Nursing and at Massachusetts Eye and Ear Infirmary. She was the author of a book entitled "Nursing Care of the Eyes, Ears, Nose and Throat."

Miss Shepard was also a graduate of Boston University and Teachers College, Columbia University. The last 20 years of her professional life had been as superintendent of nursing at the Mt. Auburn Hospital in Cambridge.

A devoted and loyal member of our Alumnae Association, Miss Shepard had served as President and member of the Board of Directors, and had contributed a number of articles to the Quarterly Record.

Contributions in her memory may be made to The First Church Congregational, Harvard Square, Cambridge, or to the Cambridge Home for Aged People where she had been a former resident.

## Dr. Edward B. Benedict

Dr. Edward B. Benedict died on March 28, 1974 after a long illness. For over 40 years he had devoted himself to the diagnostic science of endoscopy.

A native of Boston, Dr. Benedict graduated from Harvard Medical School in 1923; and interned at MGH from 1924-26. He became interested in endoscopy in 1932 when two German doctors revolutionized the field. The late Dr. Edward Churchill, persuaded Dr. Benedict to make endoscopy a career. He became the Hospital's expert in the field and was consulted whenever a specialist was needed. To generations of MGH surgeons, he was also a teacher of endoscopy.

When Dr. Benedict entered the field there were 3 rigid type tubes. There are now 8 different scopes — ranging in type and most are flexible and directable. In 1948 Dr. Benedict contributed a new instrument — the operating gastroscope. This earned him the first American Gastroscopic Society Rudolf Schindler Award for advancement of the gastroscopic procedure. He has numerous scientific articles to his credit and also authored two books. One, published in 1951, was among the most respected textbooks of its time.

Dr. Benedict had served successively as Director, President, and Honorary Chairman of the New England Citizens Crime Commission.

Once a member of the Board of Governors of the Brookline's Longwood Cricket Club and President of the Longwood Covered Courts, he was known as one of the areas best amateur tennis players.

Retiring in 1962 from his Harvard

post as Assistant Clinical Professor of Surgery, Dr. Benedict remained on the MGH Board of Consultation until 1969. He is survived by his wife of many years, Dr. Patricia H. Benedict, a retired MGH physician.

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## In Memoriam

1908	Corinne Bolton Totman on July 1, 1974 in Athol
1920	A. Mildred Ethier on June 2, 1974 in Brockton
1924	Mary E. Shepard on April 19, 1974 in Lexington
1925	Audrey Smith Knowlton on May 17, 1974 in San Francisco
1928	Ruth Pettengill Farrell on June 16, 1974 in Bass River
1933	Helen C. Woodworth on February 28, 1974 in Pembroke

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## News . . . of the Classes

### 1908

We are sorry to report the death of **CORINNE BOLTON TOTMAN** on July 1, 1974 in Athol, Mass.

### 1920

We are sorry to report the death of **A. MILDRED ETHIER** on June 2, 1974 in Brockton, Mass. During WWII Miss Ethier served with the U.S. Army in China-Burma-India Theater.

### 1924

It is with deep regret that we report the death of **MARY E.**

**SHEPARD** on April 19, 1972 in Lexington. (See In Tribute p. 23)

### 1925

Dr. Knowlton has notified of the death of his wife, **AUDREY SMITH KNOWLTON** on May 17, 1974 at the St. Francis Memorial Hospital in San Francisco.

### 1928

Mr. Leonard Farrell has notified us of the death of his wife, **RUTH PETTENGILL FARRELL** on June 16, 1974 after an eight month illness.

### 1933

We have been notified of the death of HELEN C. WOODWORTH on February 28, 1974 in Pembroke. Miss Woodworth lived in Quincy most of her life and worked at MGH until her retirement 10 years ago.

### 1930

We received a nice note from LOUISE LUNT PECK who retired on April 1st as director of the Albany School of Practical Nursing in Albany, N.Y., and at the same time the school was closed. Mrs. Peck is now living at Mt. Desert Is., in Maine. Her address is: P.O. Box 9, Northeast Harbor, ME 04662.

### 1934

We received a very nice note from MARY SMITH KIDD. Mary has been married since 1941 and has an eighteen year old son. Her nursing experiences have been varied and interesting: twelve years with the Los Angeles Health Dept., then after the birth of her son she worked in the Sheriff's Dept. in the Main Security Jail on a drug abuse program and then in Juvenile Hall also with drug abuse. Her next position was as Student Health Nurse at the University of Southern California at Irving Medical Center. Presently she is on the I.V. team at the Encino Hospital in Encino, Calif. Mary said she still finds time for her hobbies of gardening, cooking and reading. She sent best wishes to all and regrets that she is unable to attend Homecoming this year.

### 1935

Lillian Fletcher Carroll  
7 Surf Drive  
St. Augustine By-the-Sea, Fla. 32084

I keep well and am still enjoying my position at the Florida School for the Deaf and the Blind as Guidance Counselor in the Dept. of the Blind. It is a most challenging, stimulating and rewarding position. I enjoy playing my 'cello in the Blind Dept. orchestra and also act as chaperon on our many trips throughout Florida giving performances. I am also Troop Consultant for our three Girl Scout Troops.

My husband, Richard, has been seriously ill several times since January '73 and is presently recovering from a fractured hip. He appears to be making good progress.

Next year is our 40th, hope I can make Homecoming.

### 1939

#### September Section

Yvonne Goethal Ciesluk  
208 Weston Road  
Wellesley, MA 02181

Have not heard from anyone yet re the addresses for our missing classmates. Hope some one will be able to send them to me before the fall Homecoming.

WINONA BEHR SMITH has been elected to the Board of Directors of the MINA. A note from MARY McCARTHY WHEELER's family at Christmas indicated that Mac is undergoing speech and physiotherapy and making progress slowly.

I will be spending a good part of the summer campaigning for my son, Peter who is running for the State



Legislature from Wellesley.

Hope to see all of you at Homecoming this fall.

## 1940

### September Section

Madalene F. Calogiro  
11 Vanness Road  
N. Weymouth, MA 02191

We have concluded another very successful year with the Ruth Sleeper Chapter of the Alumnae here on the South Shore. I have ended a two year term as President and enjoyed it very much. I am very pleased that IRENE TIRELIS REILLY is going to serve as Vice President of the chapter for the next two years.

ELIZABETH PRITCHARD DUNBAR sent her regrets that she cannot attend Homecoming this year but wanted to know the dates for 1975. At the time she wrote (June) plans were well underway for her son's marriage.

Have had no other response about Homecoming. Sure hope a few members make it this year. Remember 1975 is our 35th (Oh my!) so let's start thinking about and making plans to attend.

Please turn to the News Notes for news about MARY GILMOUR HELMING.

## 1947

Mariorie Blackwell Sullivan  
28 Grace Road  
Quincy, MA 02169

I am no longer secretary for our class so please send your news items to either GLENNA CLARK CRUFF, 31 Claflin St., Attleboro 02703, or to YVONNE WITHERS OGILVIE, 4 Northfield Rd., Attle-

boro 02703. Hope you have a good summer and look forward to seeing everyone at Homecoming.

## 1951

### September Section

Marion Decker Manes  
Oak Hill Road  
Hyannis, MA 02601

*(Marion says her motto is, "Publish or Perish", and was upset that I edited previous news. I think we have caught up, but here goes. You may find some of this to be a repeat. Editor)*

MARY HAGERTY FORD is medical-surgical supervisor at the Hunt Hospital in Danvers. Fred, Jr. is in his second year at Essex Junior College majoring in mechanical engineering; Susie is a freshman at Bridgewater State and was in a class with MARY CARLSON CAMPION's daughter. Ann, for 4 months before they realized their mothers had known each other at MGH. Bill is a junior at Ipswich HS. and the two youngest boys play in the Youth Hockey League.

Mary Carlson Campion didn't attend the Centennial but wrote Mary who forwarded her news. Danny was in his final year at B.C., Bo is working, Susan plans on a nursing career, Ann is at Bridgewater, plus 4 others — the youngest started school this past year. The Campions have been busy!

RUTH FEARNLEY SKONIECZNY is a medical-surgical staff nurse at Bristol Hospital in Conn., but hasn't run into BEA MERZ McHUGH who is working 11-7 three nights a week.

DORIS SEARS BATES and I

# MGH CAPS

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Mrs. Catherine Britt, 88 Whitman, Ave., Melrose, Mass.

**4 for \$8.00 postpaid**  
(Minimum of 4 Caps)

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were roommates at the hotel in Boston and we didn't sleep much, rehashing all the old and new events in our lives. Jim Pastoriza, who some of you may remember (an M.I.T. student), took us to lunch and made us all feel young again. Sear's is Chairman, Division of Health Service at Clayton Jr. College; President of the Board of Examiners; and Chairman, Advisory Committee on Nursing, University System of Georgia. However, by the time this is published, she will be back in Ft. Walton Beach, Fla. where she won't have to work quite so hard. Peter is about to graduate from Law School and she is moving back there.

JOYCE KILEY CRAWFORD, CRNA, is a R.N. Anesthetist at the University of Connecticut Medical Center Anesthesia Dept. She and her 3 sisters are MGH grads and had their own reunion at the Centennial. Joyce's new address: 173 Conestoga

St., Windsor, CT 06095.

NANCY ANDERSON WHYTE-HEAD says she's about to break out of her cocoon and take a refresher course and then work part-time in Pediatrics. She loves Canada and looks well.

GRETCHEN GEARHART CLAMEN looks as young as ever, with collar-length blond hair. She is finishing a Bachelor's program in Psychology and hopes to work in Geriatrics. Her family came East in August and Gretchen showed them the Ether Dome, and happily stated they were all properly impressed.

BARBARA WHITLOCK SUTHERLAND moved to Park St., Dover, NH and is enjoying her house and freedom from the bonds of matrimony. She is working evenings in ECU at Wentworth Douglas Hosp.

MARY SARGENT MACKIN attended only Saturday's lectures. Their new address is: Jersey St.,

Manchester 01941, where they have recently built a new home. She was taking an interior decorating course when last heard from.

**DORIS STONE BERGERON** had to leave after attending only Saturday's lectures, too. She and Noel are happily back at Ft. Devens at 40 Walnut St. 01433. Daughter, Carol, was on the cover of one of the MGH booklets, as well as in person. She is a senior and probably graduated by the time you read this.

A note from **JOAN MCCARTHY PETERSON** said they had their busiest summer ever. Andrea was a counsellor at 4-H camp, is a freshman at Bishop Grady High in Concord. Paula is a sophomore at Pembroke Academy.

**JOAN SUMNER**, Major, USAF, has been found at the AF Academy in Denver, thanks to someone at the Centennial. She sent a newsy reply to my letter and would enjoy hearing from you. Her address is: 33100 Ro Blanco Dr., Colorado Springs, Colo. 80917. She has been at the Academy since June ('73) and hopes to retire there in about 5 years. Of course she has done lots of world travelling and is currently Educational Coordinator at the Academy. She hopes to become a Lieutenant Colonel this year. Too bad we couldn't attend your promotion party, Joan.

**MARGARET TOBIN SWISS** has been missing but someone thought she may be at 386 High St., Newburyport. I haven't had any response yet. **ALICE FORRESTAL** who left our class to be married in Japan, joined us for lunch and asked to be remembered to you all. She

graduated with a later class.

We are about to build a new house on a river flowing out to Craigville Beach, on a marsh. They are just clearing the lot now, so we've a long way to go. It will give me so many scenes to paint. Marshes look different every day and we'll be up on a ridge. We hope to be in late this fall. It is only about 4 streets over from where we are now. I've come out of retirement once again and am working at the High School from 2-4:30, Monday - Thursday for the afternoon classes. Robin and another cheerleader just arrived with cuts on their feet, from practicing in the field, so I get my own kids occasionally. She'll be a senior next year, and Betsy a junior. Betsy has hopes of becoming a nurse but wants to do it in 2 years.

## 1958

### September Section

Ruth Gedies Russo

132 Woburn St.

Medford, MA 02155

Several family hospitalizations, including my own, caused me to miss the previous deadline. To continue with the report of the Centennial:

Flying in from California were: **IANICE JACOBSON KAVA-NAUGH** an OR head nurse in San Francisco; **KAREN LINDAHL HUME** at home with two children in Lafayette; **ROSAMOND WHEELER THORPE** from Fresno, has four children and is active in community affairs. **JANE THOMPSON LONG** came from R.I. — is at home with three children.

Coming from Maine were: **MARY LOU PERRIN BAILEY** — has

two children, lives in Wiscasset; SUZANNE STOWELL BARTLETT has two sons, lives in Bethel, and is school nurse and President of the Maine School Nurses Assn.; DELTHIA VILASUSO O'CONNOR and Tim came from Cape Elizabeth, spent the weekend with us and we had a ball! They have two children and Debbie is the town nurse.

Attending the class banquet were several girls and husbands from the Boston area. AUDREY LAWSON COTTERLY from Melrose and JUDITH MADDEN FITZSIMMONS from Lexington, both have three children; FRANCES McCABE MCLEAN is raising six children in W. Roxbury; FRANCES PERRY DEVITT lives in Hingham, has two children and is Director of Nursing Service at the South Shore Hospital; MARY ANN ROBERTS BEAUBIEN has three children, lives in Sudbury; JUDITH ROGERS GARFUNKEL is living in Cambridge with son, Max and working in a Mental Health Center. SUSAN TRUBY PETERSON works part time, has two children, lives in Boxford; JANE WRIGHT SILVERIA has one son, lives in Newton and works in Emergency Nursing as a clinical instructor at N.E. Baptist Hospital. We were delighted to see newlyweds PAULINE MCBRINE BARKALOW and Tom who took time from setting up house in Waltham. Pauline is working with the Waltham VNA.

The following were unable to attend but sent best wishes: ELIZABETH JOHNSON GRANT from

Edmond, Okla.; ROSE KALAJIAN KASPARIAN is in Landing, N.J. and works for a medical group, both girls have two children; BARBARA KELLEY STEWART has three children, lives in Montpelier and has a new position as Visiting Nurse in Central Vermont; LORETTA KULMUS works at the local hospital in Brattleboro, Vt.; CYNTHIA LARSEN PARKES is in Ft. Lauderdale, Fla.; and BARBARA LAMB CHRISTENSEN and family of three are in Schenectady. BARBARA L'HEUREUX DEVINE and PATRICIA MCDONALD HUGG both planned to attend but had to cancel. Barbara lives in R.I. and has three children and Pat is in Dresher, Pa., and has four children. MARGARET MOONEY LEGLER sent greetings from Cottage Grove, Minn., has three boys and work in a psychiatric unit. CLAIRE MULDOWNEY NAUEN is on Staten Is. with twins plus one. MARILYN PALMER KNOWLES works at South Shore Hospital, has three girls and lives in Norwell. SHEILA PECK WRIGHT has two children but finds time to attend Boston College. CAROL PHILLIPS DEGLER has a family of three and volunteers in a Public Health Clinic. ELLA POTTER CHRISTIAN has three sons, lives in Hudson, N.H. and commutes to work part time at McLean. Our world traveler, SUSAN RUDER HULL, is now in London; and CARROL SCHILLEMAT COX lives in Carrboro, N.C. and is pursuing a singing career. CAROL SMITH MASON is in Wooster, Ohio; and SUZANNE VOGELY



CROTEAU with seven children and one expected in Oct. lives in Keene. NANCY WALL ALUKONIS and family recently moved from Michigan to Short Hills, N.J. MAY YEE CHIN lives in Waterloo, Ontario, has two children and is supervisor of Emergency Intensive Care at the local hospital.

Apologies to ANDREA BLA-MIRE QUINTER for calling her son a "pretty little girl". She has a son and a daughter.

Many thanks for answering the questionnaires. Only six members did not respond. We are scattered, geographically; and it's interesting to note the number active in nursing or volunteer work. It must be that "MGH" spirit.

### 1967

Claire Stone Steward  
29 Bus Road  
Salem, N.H. 03079

SUSAN FOLEY wrote that she will begin graduate work at the Medical Center in Denver this fall. Her major will be Community Health Nursing with a minor in Anthropology. Good luck, Sue.

EILEEN THOMASCH also sent a bit of news: MARYLOU DAHL WELCH and John are off to Fayetteville, N.C. John is joining the Army for 2 years. They are also expecting their first baby. MARY ROSE ROBINSON-MUTI is another mother-to-be. SALLY WALSH is vacationing in California for 2 weeks. Eileen will be joining CHRISTINE DRIGGS WELLS and Bob and other classmates for a week of

fun at Lake Winnepesaukee, N.H. this summer. Hope there will be more news forthcoming.

Congratulations to BETSEY STEWARD PEDNEAU and Mike. They had their second son, Michael Alexander (Max), in May.

MANYA DUDOVICZ is head nurse in the Gray Recovery Room at MGH.

Elections were held this month for new officers for 1974-75 for the Merrimack Valley Chapter of AACN and I was pleased to be elected to the office of treasurer.

It was so good to receive some response from classmates. Let's have more of it in the future.

### 1969

Helen Phelps Rossman  
7413 Harrow Drive  
Nashville, Tenn. 37221

After two years on Baker 4, JOAN KERR is now in Cleveland as assistant director of the Enterostomal Therapy Training Program at the Cleveland Clinic, and has had to ET's from MGH train in her program. Last fall she and BARBARA GAUGLER had a trip to Greece and really loved it there. After spending time in Europe and Hawaii, Barbara is now in the CCU at Boston's Beth Israel Hospital.

DOROTHY GRAHAM DEWITTE and her husband have a home of their own now and are living at 1 Maloney St., Somersworth, NH 03878.

KATHRYN POZOLA has been busy since graduation. She received her BSN from Boston College and

will get her Master's from B.U. this summer. She has also continued working on Burnham 5 part-time.

NARRINA MITCHELL Mc-KISSICK and JANE PAGLIUCA are both working at the Montiflore Hospital in New York. DEBORAH REHBERG STEURWALD is living in Fairfax, Virginia and working in in-service education at the Fairfax Hospital.

I worked in hemodialysis at Vanderbilt University Medical Center and in the premature-special care nursery at St. Thomas Hospital both in Nashville, Tenn. I am now in school full time at the University of Tenn. working toward a BSN.

I would be glad to compile news of the class for the Quarterly if my classmates will send me recent news

of themselves. (*Thank you for the offer to help with Quarterly news. How about it class of 1969? Editor*)

### 1971

We have received word of the marriage of CAROL SULLIVAN to Dr. Richard Harmel. Dr. Harmel is currently at the National Institute of Health serving in the U.S. Public Health Service before completing his surgical residency at MGH.

A short note received in July reported the marriage of BARBARA GLYNN to Dr. Howard Leonard in December 1973. Attendant in the wedding party were CHRISTINE CAMADA and MAUREEN SCULLY. Dr. and Mrs. Leonard are living at 1000 Paradise, Apt. 3F West, Swampscott, Mass. 01907.

## NEED M.G.H. CAPS?

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3 CAPS FOR \$5.00

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*Please add \$1.00 for Air Mail.*

**With each order, send your maiden name and year of graduation.**

# CLASS NEWS

SECTION AND YEAR OF GRADUATION

NAME

STREET ADDRESS

CITY, STATE, ZIP CODE







THE  
*Quarterly Record*

OF THE  
MASSACHUSETTS GENERAL HOSPITAL  
NURSES ALUMNAE ASSOCIATION, INC.

This Magazine is Published in the Spring, Summer, Fall and Winter

## OFFICERS FOR 1974

(1947

*First Vice President*

CATHERINE HARRINGTON BOYD  
(1952)

*Second Vice President*

BARBARA BROWNE DOHERTY (1955)

*Recording Secretary*

CAROLE ANN ROBERTSON (1967)

*Alumnae Secretary*

EVELYN LYONS LAWLOR (1936)

## BOARD OF DIRECTORS

### THE OFFICERS OF THE ASSOCIATION

ADELE CORKUM (1934)

RENA SCANLON BOWER (1947)

CAROLE CHASE DEMILLE (1953)

MARY-JO MANSFIELD ZINGARELLI (1965)

## CHAIRMEN OF STANDING COMMITTEES

*Finance*

RITA DOUGHERTY SIDMAN (1946)

*Quarterly Record*

JUDITH HARDING DOUGHERTY (1941)

*Nominating*

BEVERLY THOREN (1952)

*Annabelle McCrae Loan Fund*

ELEANOR BAUER (1958)

*Program*

*Hospitality*

ENA CHANG (1962)

*Service*

GRACE GUERNEY MURPHY (1933)

*Sally Johnson Scholarship Fund*

DOROTHY MAHONEY (1952)

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## ELECTED ALUMNAE REPRESENTATIVES TO THE NURSING ADVISORY COUNCIL

CATHERINE GOSS BARRETT (1958)  
(1972-1975)

MARYJANE NASSAR ST. AMOUR (1959)  
(1973-1976)

JANICE B. OBERACKER (1957)  
(1974-1977)

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## ALUMNAE REPRESENTATIVES TO THE TRUSTEES ENDOWMENT FUND COMMITTEE

BEVERLY THOREN (1952)

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## ALUMNAE OFFICE HOURS:

Tuesday & Wednesday, 9:00 a.m.-3:00 p.m. — Thursday, 10:00 a.m.-1:00 p.m.

Telephone: 726-3144

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## WHERE TO WRITE

Contributions to the Loan Fund and Requests for Loans: MISS ELEANOR BAUER, c/o Alumnae Office. Make checks payable to the Annabella McCrae Loan Fund.

When Someone is ill: Alumnae Secretary, Bartlett Hall, 34 Blossom St., Boston, Mass. 02114.

Sick Relief Application and Dues: MISS MIRIAM HUGGARD, Phillips House, Massachusetts General Hospital, Boston, Mass. 02114.

Requests for Membership, Alumnae Dues, Changes of Address and General Information: MRS. EVELYN LAWLOR, Alumnae Secretary, Bartlett Hall, 34 Blossom St. Boston Mass. 02114.

# *Editor's Page . . .*

Homecoming, September 28, 1974, was very well attended and the facilities at the Parker House provided a congenial atmosphere for both the meeting and the luncheon.

Classes honored this year were 1924 - 50th year with 19 members present; 1949 - 25th year with 22 members in attendance; and 1964 - 10th year represented by 29 members. Alice Barnard VanArman represented the class of 1916 and Patricia Tolman Fernandez, the youngest class - 1972. The class of February 1949 contributed \$120 to the Sally Johnson Scholarship Fund and the class of 1929 pledged a gift to the Annabelle McCrae Loan Fund.

We wish to thank Ingeborg Grosser Mauksch and Joyce Young

Passos, who were the guest speakers, for an interesting and thought provoking program. Copies of their papers are presented in this issue.

Following the program at the hotel many of those present went to MGT for the tour of the hospital and the tea at Bartlett Hall. The General continues to grow and each year there is something new to see. The walk down Cambridge Street was quite a change for those who remembered Scolley and Bowdoin Squares. These two squares and their buildings are now replaced by the new and modern buildings of the Government Center and some very interesting shops. A change long overdue and one we all agreed make a walk in that area much more pleasant.



# THE QUARTERLY RECORD

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ALUMNAE ASSOCIATION, INC.

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## QUARTERLY COMMITTEE

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All communications for insertion in the *QUARTERLY* can to be sent to the  
OFFICE OF THE ALUMNAE SECRETARY or directly to the EDITOR

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Memo to contributors. Material should be sent not later than March  
1st, for the Spring *QUARTERLY*; June 1st, for the Summer issue;  
Sept. 1st for the Fall issue; and Dec. 1st for the Winter issue.

# ACCOUNTABILITY

*Joyce Young Passos, R.N., Ph.D.*

*Professor of Nursing, College of Nursing*

*Wayne State University, Detroit, Michigan*

Your program committee gave us no more constraints than a title and a time limit — two hours to explore ACCOUNTABILITY AND NURSE PRACTITIONERS. We will attempt to use that freedom responsibly, and you may hold us accountable during the discussion period. I will address the concept of accountability, and its relationship to other attributes; Dr. Mauksch will examine the nurse practitioner — physician relationship. We will join in answering your questions and extending the discussion.

All of us, whether we are currently active or inactive in nursing, or whether our status is “evolving,” share a great heritage in having had our professional beginnings at MGH. In the opening scene of *Fiddler on the Roof*, Tavea says, “Without tradition, we are as shaky as a fiddler on the roof.” As we move into the mid-1970’s, many of the traditions which we cherish, and have assumed would last at least throughout our life time, are being challenged. And like Tavea, when tradition no longer governed the behavior of his children, we often feel as shaky “as a fiddler on the roof.” We wonder how we could have come to a decade wherein the future of the school that produced us is uncertain. How do we respond to such change, and to the attendant feelings of loss of control?

Last fall, Miss Mary Macdonald, Director of the Department of Nursing, spoke eloquently to the various social influences which were becoming major determinants of changing patterns in health care delivery, and in education for the health professions. (Her paper was also published in the *QUARTERLY RECORD*, Centennial Issue, Winter 1973.) Economics has become central in importance among those determinants of change.

Historically, health related educational programs evolved as informal, apprentice-type and hospital based. Since World War II, there has been increasing consternation with the concept of requiring the sick to support

health educational programs, with the result that educational responsibility is shifting from the hospital towards private and *tax-supported* educational institutions. To many of us, this seems just one more example of the system breaking down.

Most of the systems we were trained to believe in — education, the family, religion, industry, government — seem to be disintegrating. When we are faced with problems and frustrations we seem powerless to resolve, it is our all-too-human tendency to make reason or rationality both the villain and the victim of our powerlessness. All too often we reject rational judgment and seek refuge in what one social analyst calls “ritual dance and primal scream.”<sup>1</sup> Examples of some of our ritual dances in which education and service are partners follow:

Education: “We’re producing change agents.”

Service: “We have to change the new graduate to make her productive.”

Education: “Service is not ready for our product.”

Service: “Graduates are not ready to serve patients.”

Education: “Employers should re-assign non-nursing functions, and free the nurse to nurse.”

Service: “We have to assign a staff member to check on, and clean up after, students and new graduates.”

Those who consistently blame ‘the system’ or others for things not being as they were, or as they ‘ought to be’, are usually dodging the hard work of systematic analysis and constructive action.

There are some hard facts that dictate changes in responsibility, roles and relationships for nurses.<sup>2</sup>

- 1970: An estimated 4.2 million persons were employed in health occupations, in 125 major occupational categories, with 250 recognized specialty designations.
- 1971: RN’s numbered 723,000, constituting 19% of the total manpower in the health field; non-professional nursing personnel constituted 31% of total health manpower. Historically, about 50% of the health manpower pool was RN’s.
- 1974: The physician pool of MD’s and DO’s numbered 360,000. From 1900 to 1971, the *numbers* of physicians increased 260%, but the *proportion* of physicians in the total health related work force decreased from 35% to 8%.

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1. Martin E. Marty: “Ritual Dance and Primal Scream,” *Prism*, 2:50-54 (Sept.) 1974.

2. HEW, PHS, NIH: Bureau of Health Professions Education and Manpower Training: *Health Manpower Source Book: Allied Health Manpower, 1950-1980* (PHS Publication #263) 1970.

The pyramid of personnel reflected in the above statistics raises serious problems in the areas of nurse responsibility and accountability.

My own thinking about accountability was crystallized during two years of intensive work on a task force to develop a Position on Nursing Practice for the Michigan Nurses' Association, a statement which was adopted by the House of Delegates in 1971. The Michigan Position on Nursing Practice describes four critical attributes of the nurse practitioner: the sharing of goals with other health practitioners; accountability; clinical judgment; and responsibility for one's own continued learning.<sup>3</sup> The main substance of the Position on Nursing Practice describes the content and process of nursing as applied to three levels of problems: (1) those of the recipient (defined as any person, family or community who is receiving service from any health provider(s));<sup>4</sup> (2) those of agencies (defined as any organized groups with stated purposes and objectives providing health services which include nursing;<sup>5</sup> and (3) those of the nursing profession.<sup>6</sup> Despite the number of controversial issues addressed within the Position on Nursing Practice, discussions of the document across the state of Michigan focused primarily on the concept of *accountability*. Perhaps the reason for the nature and intensity of reactions to the attribute of accountability lies in its highly personal nature. Accountability in nursing practice might be described as the "dues paying" aspect of the increasing emphasis in nursing on greater autonomy and independence for the nurse practitioner.

Are those who advocate a greater degree of accountability for nurses engaging in moralistic preaching, or is accountability a necessary and achievable characteristic of nurse practitioners? To make that determination, there are four questions we must consider:

1. What is the nature of accountability?
2. To whom are we accountable?
3. For what are we accountable?
4. How will we be held accountable?

### **What is the nature of accountability?**

Accountability is a legalistic concept; it has a liability dimension that responsibility lacks. If one is accountable, one is *liable to be called to account*. It does not mean one always *will* be, but when one is called to account, he or she is held liable for the extent to which the *actions taken* were consistent with the *responsibilities for which he or she contracted*.<sup>7</sup> Responsibility expresses

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3. *Position on Nursing Practice* (East Lansing, Mich.: Michigan Nurses' Association) 1971, pp. 4 & 5.

4. *Ibid.*, p. 3.

5. *Ibid.*

6. *Ibid.*, pp. 6-10.

7. Hildegard Peplau, "Responsibility, Authority, Evaluation and Accountability of Nursing in Patient Care," *The Michigan Nurse* 44:5-8, 20-23 (July 1971).



the "ought's" or expectations of performance, while accountability implies that our actual performance will be judged against expected performance.

As indicated in the Michigan Position on Nursing Practice, all nursing personnel have a degree of accountability to the recipient. However, the degree of accountability coincides with the level of nursing practice in which the nurse is able and willing to engage. Peplau gives a very succinct definition of the attribute of accountability: "To be accountable means to answer to someone for something that one *has done*."<sup>8</sup> In discussing other concepts that are closely related to this attribute, she describes responsibility as a "*charge to do something* for which one is answerable or accountable to someone".<sup>9</sup> An important corollary to this notion is that responsibility, whether assigned or taken, must carry with it the *authority* to carry out the responsibilities. Authority, or the rightful power to act, may come from either external or internal sources. Other sources of power or authority identified by Peplau, in addition to knowledge, are the law, the authority of the situation, positional authority, and the authority of the group.<sup>10</sup> Two of the attributes of the nurse practitioner stipulated in the Michigan Position on Nursing Practice that relate to the internal sources of power or authority are clinical judgment and the responsibility for continued learning. Unless one possesses a fairly respectable level of both attributes, he lacks the critical knowledge base upon which to build internal sources of power or authority. But more about those attributes when we consider the third question, "For what are we accountable?"

Peplau's last power source, the authority of the group, takes on special meaning in nursing as we consider the feasibility of making accountability a real cornerstone of nursing practice. Are we ready to function as a group to monitor, evaluate, and improve each other's practice? Evaluation of one's performance by peers is a hallmark of professionalism, and it is through this mechanism that the profession is held accountable to society.

Accountability is a kind of accounting made of the productivity of an individual, group, or institution. In a broad sense, it is a form of evaluation, but evaluation and accountability are not the same thing even though the concepts overlap substantially.<sup>11</sup> Evaluation, traditionally concerned with how well or to what degree specifically defined objectives have been attained, is concerned primarily with *effectiveness*, whereas accountability is concerned with both *effectiveness* and *efficiency*. Assessment of performance on the attribute of accountability requires determination of what the practitioner has

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8. Ibid, p. 7.

9. Ibid.

10. Ibid, p. 8.

11. R.T. Hartnett, *Accountability in Higher Education: A Consideration of Some of the Problems of Assessing College Impacts* (New York: The College Entrance Examination Board) 1971, p. 3.

done, how much it has cost for him to do it, and ultimately whether the result was worth the cost.<sup>12</sup> Another important distinction between evaluation and accountability is that evaluation tends to be an internal process (i.e., conducted by and for the benefit of professional peers), while accountability brings with it the "notion of external judgment".<sup>13</sup>

There has been much discussion of Nathan Hershey's recommendation that licensure of individuals be restricted to dentists and physicians and that licensure of all other practitioners in the health field be assigned to institutions.<sup>14</sup> Unless we are able and willing to be personally identified as accountable for those persons whom we serve, institutional licensure is the only logical route we can go!

The nurse who abhors the whole notion of providing direct patient care —  
The RN-in-charge whom the patient can't remember having seen —  
The inactive (or active!) nurse who keeps her license current, but who replies to every question about health asked by her friends and neighbors, "Better ask your doctor — I've been out of school (or work) a long time."  
The nurse educator who claims students don't need "evening and night duty" to learn to become nurses —

*ALL these* lend support to the contention that accountability of the profession at large is, in fact, a myth today.

If we are a task and shift oriented, un-named conglomerate of interchangeable parts, dropping in and out of the patient's life experience at random, how can we have the audacity to ask for individual personalized licensing of the right to practice? The institutions, in that case, *must* have the responsibility — and the authority — to be accountable under the law, because we will have defaulted on *our* responsibility already. Right now, it *is* the institutions that are held accountable, since the issue of accountability as a necessary attribute for professional nursing practice hinges very much on whether or not we *are* answerable, under law, for judgments we make and actions we take with patients for whom we have accepted responsibility.

### **To whom are we accountable?**

The Michigan Position on Nursing Practice describes each of the four components of nursing process — assessment, planning, implementation, evaluation — in terms of its application to the recipient, the agency, and the profession. These categories constitute the aggregate of persons to whom we are responsible. We are responsible to the recipient to the extent that he is identifiable to us, and we to him. I believe that this dimension of accountability represents our greatest problem area. If we are going to continue to have

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12. Ibid, pp. 5 & 6.

13. Ibid, p. 6.

14. N. Hershey, "The Inhibiting Effect Upon Innovation of the Prevailing Licensure System," in Education in the Health-Related Professions, *Annals of the New York Academy of Science* 166 (Art. 3: 951-956) December 31, 1969.

personalized licensure which has any meaning, we must accelerate efforts to develop strategies for assigning or using professional nurses which will require that the nurse be responsible to the recipient for the quality of service provided.

In applying nursing process to the problems related to the agency, we are now highly accountable to both the employer, who is the agency in most instances, and to the physician, who may be the employer or a powerful authority source within the agency. Most of the literature which has dealt with the sociology of the dual responsibility that nurses have for answering to two 'bosses' alludes to these two groups to whom the nurse is accountable — the agency and the physician.

There is one other document that is very helpful in answering the question, "To whom are we accountable? *The Code for Nurses*, prepared by the ANA Committee on Ethical, Legal and Professional Standards, identifies the same three populations to whom we are responsible:<sup>15</sup> 1) the public, both as the individuals whom we serve and as the society which licenses us; 2) the groups with whom we are associated, which in many instances are the agencies within which we are employed; and 3) the profession, of which we are members. If we are going to resolve the question of how to monitor and regulate accountability, probably one of the most important groups is the nurse peer group, for if we profess professionalism the only way that standards of acceptable performance can be formulated and applied is by professional peers. First, we must be *willing* to judge the performance of our peers, a very uncomfortable task, especially for most women, then we must become expert judges.

### **For what are we accountable?**

The currently popular definition of the responsibility of the nurse is "to diagnose and treat psychobiological *responses* to health related events, to help the individual (or group) maintain, achieve or restore optimal health." This doesn't help me too much, as a nurse. I personally find the statements made by Virginia Henderson, as early as 1955, more practical and applicable.<sup>16</sup> One might summarize by saying we are accountable for 3 P's of our practice:

PURPOSE: Patient goals and nursing objectives, the patient advocate role

PROCESS: Interpersonal relationships, psychomotor and collaborative skills, *clinical judgment*

PRODUCT: Evaluation of patient outcomes

In today's program we are emphasizing two important aspects of process:

- (1) the nurse-physician relationship, to be addressed by Dr. Mauksch; and
- (2) clinical judgment.

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15. ANA Committee on Ethical, Legal and Professional Standards, *Code for Nurses with Interpretive Statements* (New York: American Nurses Association) 1970.

16. Virginia Henderson, "The Nature of Nursing," *The American Journal of Nursing* 64:62-68 (August 1964).

The central importance of clinical judgment is justified by the fact that we cannot *do* better than we *know*. Basic to clinical judgment is our obligation to remain current in our fund of what I call "pertinent general knowledge." It is from this reservoir that we construct the "norms" and "expected deviations" for later comparison with raw data in patient situations. Let me give you two very different examples of what I mean. The first example is related to the final report (August 1, 1974) of the Study of Surgical Services in the United States (SOSSUS), conducted by the American College of Surgeons and the American Surgical Association. This report is from the Subcommittee on Allied Surgical Manpower. The following is their recommendation for optimal organization of Surgical Services to deal with accidents and serious illness:

#### **Time Period Post-**

##### **Onset of Event**

0 - 15 minutes

15 - 30 minutes

30 minutes - 1 hour

1 - 2 hours

2 - 5 hours

##### **Care Resources**

"Buddy system," first aid

Emergency Medical Services (EMS), life-support and transportation

First Level: Primary physician services

Second Level: Primary hospital

Tertiary Level: Specialized hospital team, similar to medical teaching center

What is the system at each time interval (1) in your town? (2) in your work setting? If no system exists at any one or more of the levels, what can you do about it? **FIRST**, get the facts. **SECOND**, compare the facts with SOSSUS recommendations. **THIRD**, identify the problem(s), if any. **FOURTH**, make a plan and act. **FIFTH**, evaluate the effectiveness of your effort.

A very different example comes from the *Medical Tribune* of August 28, 1974, in a report on iatrogenic malnutrition with IV therapy. A study of 80 patients on IV therapy revealed that 30% were suffering from malnutrition, and one — a 52-year-old man recovering from apparently successful open heart surgery for correction of aortic and mitral valvular disease, died of starvation on the 83rd post-operative day. How could you contribute to prevention of such malnutrition? **FIRST**, get the facts, in at least three critical areas:

- a. Be sure the patient is **WEIGHED** on admission, and regularly (daily) throughout prolonged IV therapy. In this study, more than 30% of study subjects had not been weighed when they entered the hospital! This omission deprived the team of a critical bit of baseline data.
- b. Is the patient receiving vitamin-mineral supplements? Which vitamins and minerals are included?
- c. What is the patient's total caloric and protein intake for a day? How does it compare with his apparent needs? Remember that protein and caloric needs increase with injury, infection and fever.

**SECOND**, compare the facts with appropriate norms or expected deviations. **THIRD**, identify the problem(s), if any. **FOURTH**, make a plan and act.



FIFTH, evaluate the effectiveness of your effort.

The U.S. Department of Health, Education and Welfare Committee to Study Extended Roles for Nurses described elements of health care for which nurses are now responsible, for which they now share responsibility, and for which responsibility could be increased with additional preparation. The Committee elaborates these elements of nursing practice in relation to primary, acute, and long-term care.<sup>17</sup>

- Securing and recording a health history
- Assessing physical status of patients (evaluating any deviations from normal)
- Recognizing "cue complexes" and/or syndromes
- Providing emergency treatment as required
- Observing and evaluating patients' reactions to drugs and treatment
- Performing selected diagnostic and therapeutic procedures
- Interpreting biochemical reports
- Instructing patients and families
- Referring patients and families

Our accountability should include having documentation of the need for, and results of using, additional skills before we glibly add tasks and functions to the nurse practitioner. Many of the elements elaborated by the Committee on Extended Roles for Nurses have been used *in lieu of* empirical data to justify the teaching of history and physical examination skills to nurses at all levels. In January of 1974, the *AJN* carried an article, "Physical Diagnosis: A Skill for ALL Nurses?", in which the nurse and physician authors suggest that physical diagnosis is now being taught for both right and wrong reasons. The most compelling *right* reason they offer is that nurses taught physical diagnosis skills are going to use them (preferably to improve *nursing* management); the most prevalent *wrong* reason is to teach skills in response to "bandwagon fever," i.e., because everybody's doing it.

At Wayne State University, we have done a number of studies on practicing nurse clinicians, to identify the uses to which information obtained by extended assessment skills is put. In one of the largest patient samples, about 55% of information was used by the nurse in assisting patients and families to cope with health problems, and about 45% was used to facilitate medical diagnosis and treatment.

In 1972, Mayer cited nine assessment criteria related to the patient used by community health nurses, which also describe aspects of human need for which we are accountable:<sup>18</sup> 1) ability to act independently; 2) physical

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17. Committee to Study Extended Roles for Nurses, *Extending the Scope of Nursing Practice: A Report to the Secretary of HEW* (Washington, D.C.: U.S. Government Printing Office) November 1971, pp. 8-12.

18. M.G. Mayer, "A Search for Assessment Criteria," *Nursing Outlook* 20:323-326 (May 1972) p. 324.

condition; 3) congruent feelings or affect; 4) interpersonal ability; 5) verbal ability; 6) ability to meet role expectations; 7) congruent life style; 8) appropriateness of future plans; and 9) intellectual ability.

### **How will we be held accountable?**

The group that prepared the Position on Nursing Practice recommended to the Board of the Michigan Nurses' Association that a task force made up of a majority of professional nurse practitioners be appointed to develop standards and a plan to implement the position. One way to define standards is to evolve cues, or samples of nurse-patient situations, that describe acceptable limits within which nursing practice must fall to be acceptable to the profession.

In order to obtain data needed to apply standards to practice, we must continue to improve the documentation of nursing care. There are basically two types of information that must be retrievable, if we are to monitor performance in nursing practice: 1) serial measures of the state and satisfaction of recipients, taken at initiation and termination of contact, and at intervals throughout the period of service; and 2) description of the measures taken by nurses to deal with the needs or problems of recipients served. Our efforts to improve — or, more accurately, to introduce — systems for documenting nursing care will go far toward providing both types of information necessary to monitor performance.

The way in which acceptable levels of accountability are to be determined, regulated and controlled will depend largely on whether we strengthen individual licensure through changes in Nurse Practice Acts, or finally succumb to institutional licensure. Control will ultimately rest, in either case, with the law.

If we wish to control our own practice, we must expand our efforts to conduct peer evaluation. There are many hazards, or difficulties, with this mechanism of control. Some of these are:

1. facing the problem of trust.
2. the problem of relating professional standards, developed by peers, to the policies and procedures which govern settings where nurses practice.
3. the problem of closing the gap between actual practice and the boundaries of practice as defined in nursing practice acts.
4. the problem of confidentiality of recipient data, which must be dealt with in peer review in any type of "audit" procedure.
5. the problem of helping nurses accept the lack of anonymity of their performance; individuals must be identifiable if one of the uses to which we must put evaluation is the judgment of the level of accountability of nurse practitioners in the setting.
6. the problem of cost analyzing our contribution at differential levels of quality.

If we cannot find solutions for the problems of how accountability is to be monitored, regulated and controlled, how will we know that a nurse behaving

in a particular way in a given situation is performing with the professionalism for which she is accountable? If we fail to concern ourselves with the means by which manifest nurse behavior can be monitored and regulated, then there is no point in talking about the attribute. The problem of monitoring practitioner productivity for evidence of accountability is sufficiently complex that its solution will separate the men from the boys or, if you prefer, the great from the good. Our dilemma in trying to trace this attribute within the nursing process is due in part to the fact that nursing is a social process in which human beings are continually interacting with other human beings in ways that are imperfectly measurable or predictable.

The contribution of accountability to nursing practice can be illustrated by an analogy to travel. There are three necessary elements for any successful motor trip: the fuel to supply power; an engine to provide the thrust; and a destination which determines how much fuel and what kind of engine. When the trip is our pilgrimage toward professionalism, accountability is analogous to the fuel — it supplies the power; the nature of the problems for which we are responsible to society is analogous to the destination; and the nature of our services, or treatment modalities, is analogous to the engine. Accountability, like fuel, is necessary but not sufficient for professional nursing practice.

In playing out the health care drama, no caste of experts or professionals will be deeded the whole future. To play our part effectively, we must learn quickly to communicate — on and off stage — with the rest of the caste . . . consumers, politicians, opinion-makers, physicians, other professional and non-professional health team members.

The more active you are in nursing, the more closed your own world may become, and the more distorted your view of what is necessary and possible. This observation is reinforced by a recent shattering personal experience. For the past 15 years, I have been enthusiastically and diligently immersed in the business of educating nurses. In the process, I have helped to open and maintain channels of productive communication with physicians, scientists, hospital administrators, and nursing service personnel. Presently, I am on academic leave, and most of my communication is with laymen. Last week, I was attempting to explain to a repairman the nature of the problem for which I needed his help. After listening, to me substitute "gizmo" and "thing" for his more precise "gasket" and "condenser", he said to me with great disdain, "Doctor, you don't know much about *ordinary* things, do you?"

When we accept responsibility for the purpose, process and product of our practice, we build a bridge of understanding from that which is "ordinary" for the patient to that which is "ordinary" for all workers in the health care system. If we lose touch with either shore, our efforts will wash down stream.

The quality of communication between the nurse and physician as central characters in the health care drama is equally important as the quality of our communication with the patient. Dr. Mauksch will address this aspect of nursing practice; "The Nurse-Physician Diadic Relationship." Dr. Mauksch . . .

# Accountability in Nursing Practice

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Fellow alumnae — it is a great pleasure and privilege to be with you — and, of course, Joyce's act is a hard one to follow. However, there is a difference between Joyce and me; as you can tell from reading the program, I am older than she is. Because I am older than she is, I am permitted a bit of nostalgia. Last year, you honored me greatly by giving me the alumnae recognition award. Everyone was so formal that I did not say anything personal. But this year, I shall do so, because I feel that coming back to MGH for me, is coming back where it all began. And it is not only where nursing began for me, but where my life in America began. So you can see that this is a very important realization.

Ruth Sleeper was here. I will never forget when we first met. I do not know whether you will remember, Ruth, but we sat down on one of those long benches in the Rotunda and you said to me, in the kind way you have, that my English just wasn't

adequate and that I just could not come into the school of nursing; I had to go to school and first learn English. It was said with such compassion and such kindness, that it did not hurt too much; and so I marched off to Radcliffe. And I learned English, not too well, but enough so that when I showed up the next year, you said it was alright. I still had a lot of problems with English. One of the funny experiences which I do not know whether you, Miss Vander-shuur, will remember, happened on your ward. It was the first ward where I worked as a "probie." Of course, I was not able to give medicines, but a crisis situation had arisen and things were rough. One of the older nurses who had a black band on her cap, said to me, "Go and see if we have such and such a medicine in the medicine cabinet." I went to the medicine cabinet and looked for it; this would at least save her some time. I could not find it. Finally you came, Miss Vanderschuur, and said;



"Now what is it that you want? Why are you here in the medicine cabinet?" And I said, "Well, this nurse sent me to look for Elixir of Turpentine Hydrate and I cannot find it." Thereafter, I was referred to as "Turpentine" for quite awhile.

Let me also say that as we got out into the world, we changed our views on many things. Two basic realizations took shape. One occurred at Teachers College when, for the first time in my life I realized that there are other Schools of Nursing in the United States besides the MGH. What a terrible shock! The second realization counteracts the first one. I will never forget the first Sociology course my husband took at the University of Chicago in the late 40's. At that point he had heard about the MGH from me. When he came home from that first class, which was taught by Everett Hughes, he said, "Do you realize that Everett Hughes said that as one ranks hospitals, of course, one starts with the MGH and from then on it is going down all the way." I never forgot that because at that point he did not quite realize the significance of what he had said, but I can assure you he does now.

One thing more and then I will stop nostalgia. There were many people at the MGH who were important in my life. Sally Johnson, who on the day after World War II started, and who probably had not slept much all night thinking of the new problems to face, called me to come to 10 Downing Street. I sat on the *hot seat*, and I was terribly worried not knowing what I had done. When I entered the office, she said to me,

"Miss Grosser, where are your First Papers? You know we may be bombed. We had better put them into the vault so that they will be safe." I believe that tells you the measure of not only the woman Sally Johnson was, but of the kind of responsibility and accountability that was exhibited at the MGH at that time. I have never forgotten that incident; not only because of the personal concern it showed, but because of its impact in terms of my understanding of the difference between Fascism and a "person-oriented" Democracy. I learned then that in a Democracy every individual counts and at the MGH I had my first lesson of that philosophy.

My last comment belong to Sylvia Perkins; not because you are the only one of my teachers present, but because you are the person, without question, who affected me most profoundly in my career choice and in my subsequent determination to pursue it. That is probably the greatest thank you that a learner can give to a teacher.

And now I shall talk to you about accountability by describing to you, first of all, the process which led me to become a nurse-practitioner. While I shall talk somewhat about the process itself, I shall mainly talk about those conditions and issues which are significant as we look toward the future of nursing. Some of you in this room who may have heard this before, particularly last year when I spoke in New York at the "League" Conference; you will have to hear it for a second time. It is sufficiently important that it warrants

saying again.

Throughout the 60's, as I worked on my doctoral degree and did research, I became increasingly convinced that the future of nursing as we know it today, certainly as we knew it in the late 60's, is of very precarious quality. In my moments of honesty, and in my moments of soberness, I can envisage that nursing may not exist by the year 2000. The reason why I feel this way, and the reason why I believe that I must say this to you, is because we came very close to the watershed in the 60's by mistaking the reality of our client. Throughout the history of nursing in the United States, beginning with 1873 when this school was opened, the identity of nursing's client has been confused. Nursing had a hard time knowing whether it served its patients, the physician, or the hospital.

Sometimes it is simplest to say that nurses must decide whether to nurse the desk or to nurse the person. I realize that it is not all that simple, and that there are a variety of ways whereby we must view this. One thing, however, is crystal clear today as it was in the 30's; and that is that unless you and I are able to identify our piece of the health care pie as an area of competence which is essential, precious and worthy, nursing will be of no consequence. There are a number of reasons for this. They are what Joyce's paper is all about.

It is very difficult to talk about nursing as a practice which can stand on its own two feet, which has a purpose, which responds to a societal need, and which should be legally safe-guarded through the appropriate

mechanisms, without recognizing the fact that nurses have been and are predominately women. Statistically, we know that only 1.8% of practicing registered nurses are men. This datum has not changed. So, I think to talk about nursing as a woman's field is not only appropriate, but I think it is imperative. Because, looking at nursing we see in microcosm the issues of society always needing to have an underdog and always usurping privileges and perogatives at the expense of another group. Heretofore, when talking about minorities, we used the term "minority" describing a group small in number or at least smaller than most. As we talk about women, interestingly enough, we are talking about a minority that is in numbers our societies "majority." It has been this for many years, and I do not believe it will change in the immediate future. We are a majority for two reasons: 1) Because there are a number of biological reasons which explain the larger death rate of boys than of girls. 2) Of course, in nursing we are a majority which has been established for many years.

However, we are a minority because of our behavior. Through my doctoral research, I tried to understand the role of women in the health professions. Finally, I decided that nursing can be encapsulated in the three S's: Submissiveness, subservice, and self-abasement. If you look at those three S's at our history and at our behaviors, you will devine the relationship between nurses and other health professionals, particularly the male physician. Furthermore, we need to appreciate the fact

that health and illness care needs of people cover a range so wide and so great that the proposition that one individual profession can meet them all is obviously ludicrous. Yet, this has been the case for many years; it has taken us quite a while to acknowledge this. It has taken me a number of years to say to an audience of physicians and nurses, that I believe that as a nurse I have competencies that physicians do not possess. Furthermore, these competencies are as serviceable and as necessary to meet societal needs as are those of the physician. We can argue about the life-saving aspects of medical practice vs. ours; even there I find more and more that our contributions are more appreciable than meets the eye. It is clear, therefore, that it is necessary for us as nurses to be able to say what nursing is. I completely concur with Joyce, (and I think it is amusing that she and I did not exchange detailed information of what the other is going to say) in her choice of Virginia Henderson's definition of nursing. What I come up with is similar, simple, and totally operational.

Nursing represents those activities which are designed to assist an individual to do those things which he either cannot or will not do, because he lacks the will, or the strength, or the knowledge, or a combination thereof, in order to obtain a higher level of health, to maintain the same level of health, or to achieve a dignified, peaceful death. Keeping this in mind, I then believe that nursing as a discipline is responsible for health maintenance which includes assessment of health status, a status of wellness, the collaborative efforts to

implement a therapeutic regimen in case of illness, health education, the education for self-care, and the achievement of a dignified, peaceful death. This applies to the care of the ill in institutions where illness-care is a major role, and it applies to the care of the well, and the almost well, in ambulatory health care settings.

In order to be able to perform the nursing functions, the nursing process must be applied. Joyce mentioned the major components of the nursing process. Two years ago, I wrote an article published in the *American Journal of Nursing*, describing seven components; they essentially are the same as Joyce enumerated. Most significantly, let me say that the nursing process requires the competencies which Joyce describes. Each of us has our own way of describing accountability and the specific kinds of practice goals we have.

Time was when I largely used the concepts of professionalism in discussing practice. Now, I find this too limiting. Instead, I like to describe the behaviors which I believe an accountable professional practitioner exhibits. They are as follows: 1) Accountability; 2) Constant self-education in an effort to be able to deliver services based on the newest knowledge known; 3) Considering the client's interest first and foremost; 4) A sharing of goals with the client and the other practitioners involved; 5) Participation in one's professional organization in order to promote the occupation's goals; 6) Contribution of one's knowledge of one's peers in the spoken and written word; 7) Participation in legal and moral efforts at peer review and

accountability.

I find that I change as I grow; if I came back to see you in three years from now, I may well describe it all very differently, but this is where I am today. Incidentally, when Margaret introduced me she forgot to tell you that I have a rather new and exciting job at ANA. I am the Chairperson of the Congress for Nursing Practice. This I consider probably the pinnacle of professional honors obtained within my professional organization.

And now let me talk about my practice. An invitation to join a newly formed Family Care Center, to deliver care together within the context of a practicing group of professionals was extended to me. Thus, it came about, that after not really touching a patient for well over 22 years, I decided to put my hands where my mouth had been and to become a nurse again. I would like to refer you to an editorial which Thelma Shorr wrote in the *American Journal of Nursing* last Spring, in which she described her reactions to the concept of the term "nurse-practitioner." In essence, she states what I believe very strongly and what I hope all of us hope: namely, that time will come (in the not too distant future) when we can cross off the word "practitioner" because the concept "nurse" will mean a nurse who practices. Today I believe it is essential that we differentiate the nurse who nurses patients from the one who nurses the desk. I decided to nurse patients in an ambulatory care setting, primarily because I believe that innovation in a hospital which is a bureaucratic organization, is infinitely harder if not almost impossible. I am not say-

ing this to be funny, I am really sincere about that. I believe that it is possible to develop innovative behaviors and innovative practices in ambulatory settings.

Let me enumerate for you the innovative behaviors which I believe were essential for me to adopt were I to become a practitioner. There were a number of things that had to happen to me. To understand it fully, I set out to learn about the nurse as a class. What about her personality? I went through the literatures to find research on the personality of nurses, identifying 28 studies. I stopped there because all of those 28 studies, including my husband's doctoral dissertation, told me essentially the same thing. Namely, that nurses are brighter than the average woman in society, more intelligent, more capable of problem solving. Also they are in greater need of "order." By order, I do not mean order of your bureau drawer, though, that may be the case too. A need for order means an inability to cope with ambiguity, and a need to learn the concrete structure of one's social environment; who is on top, who is beneath, who is next to one. Nurses have a great need for this. This, then coupled with one other need, distinguishes nurses from other populations of women with equal intelligence and education. The other one is the need "blame avoidance." This probably is the single most important need the nurse has to deal with if she is to understand *accountability*. Need *blame avoidance* means the need to be able to say, "I did this because the supervisor told me to do it," or "the procedure book says so," or "the hospital



rules demand it," or "the doctor ordered it," or any of the other ways which you know so well. Need "blame avoidance" is antagonistic to the "need autonomy." Therefore, it is difficult for nurses to say: "I did this because it was the thing the patient needs, in my best judgment."

Once I understood this, I knew what I had to learn. I knew I had to learn to be a risk taker, shed my need blame avoidance and become accountable. Also, I had to learn to behave like a colleague to the physician. Calling a physician by his first name was nowhere near as difficult as was to be consistent in my insistence that he not call the patient by his first name. I am still working at this after two and one half years. A young resident once called a 50 year old man; "Joe." There is no way that this can be tolerated in a health care system; the nurse as the patient's advocate must see to that. She must see herself to be accountable for the patient's rights, she must be accountable to the patient for anything and everything that happens within the confines of the nurse-patient or nurse-client interaction. It is very important for patients to be invited to share in their care and it is very difficult for physicians to accept this. I believe that this is one of the largest areas of nursing intervention as a colleague and it covers the entire range from acute illness to almost wellness. Patients have the right to know their diagnosis, they have a right to know their temperature, to know not only the name of their drugs, but why they are given, and, hold onto your seats, patients have a complete right to read their chart.

The only thing the institution owns is the paper upon which the chart is written. Legally, the patient has the complete right to the chart. I view this as one of the great boosts toward health professional accountability. Finally, nurses and physicians, both in their own way, will have to learn and via the vehicle of the problem oriented chart, to put down that which should be there. I know of no other invention in the last ten years which in my estimation has contributed more toward accountability, mutual nurse-physician respect, and which has acted as a general equalizer between the two professions than has the problem oriented health records.

I forgot to tell you that I am now also serving as one of ANA's eight representatives on the National Joint Practice Commission. At our last meeting, we had invited Dr. Larry Weed who is the inventor of POMR, and who talked about some of its newest implications. After listening to him, the nurse component of the Commission said: "Larry it is time to quit calling it the 'problem oriented medical record.' It has become the 'problem oriented health record'." He agreed that this probably should be so; he sees the change as somewhat of a problem because the term has been used in legislative as well as other written material. But I think that we all need to work with that. We all need to face the fact that what the nurse contributes to the care of the patient and the client must appear on the chart on the same page where appears what the physician contributes. And this goes, of course, for other non-physician professionals as

well. Only then will the physician read it, will he respect and will he consider it as he contributes to the care of the patient, hopefully collaboratively with the nurse and others, rather than by himself. The chart, therefore, must reflect equally the contribution of all who care for the patient or the client.

I have no problem at this point to walk on the floor where one of our patients is hospitalized and act as an accountable practitioner. Recently, I went to see a diabetic lady; the resident had written, "I suppose the patient is ready to go home tomorrow." And I wrote underneath, "*Subjective*: Patient is very afraid of going home because she does not believe that she has learned all that she needs to know about taking care of herself. *Objective*: The patient is not able to answer questions I put to her about her own care. *Assessment*: Patient is not ready to go home. *Plan*: To remain a minimum of four days. Signed, Ingeborg G. Mauksch, R.N." I came back at 5:00 for the evening rounds with the attending physician. He handed me the chart and said, "You are right, of course." He had written: "Agree with Dr. Mauksch." Now what does this mean? What it means is that at this point in time, I know my accountability in regards to this patient. I work with the nurses on the floor and see to it that the patient is taught what to do and how to take care of herself. I am accountable for the fact that when she goes home, she must be ready to care for herself. I also will be the one to visit her at home to see how she is getting along; thus, I can not permit a physician to dis-

charge her because he may want the bed for another patient, or for any other reason which may be quite justified within the context of the bureaucratic demands of the situation. I do not want to mislead you into thinking that this has developed into a conflict. This was simply concurrence. The resident later said to me, "I have a lot to learn about what it takes to send a diabetic home." And I said, "That is what I am here to do." In our setting, one of my main responsibilities, of course, is to teach the residents what nurses do and how they take care of patients.

Our joint practice proceeds something like this: before we see a patient, we decide who will go in first. The criteria for this are: is it an acute illness, is it a new patient, is it a patient who came primarily for monitoring of a chronic illness or for health maintenance. If it is acute illness, I will go in first only to set the stage, to reassure, to see that the patient is comfortable. When we know the patient and he has a chronic illness needing health maintenance, and who has problems within my purview of competence, I go in and do an assessment. This I do as a nursing assessment which, however, does not preclude the way in which Joyce describes it, namely that much of my data is helpful to the physician. Virtually all of the time the nurse-practitioner collects infinitely more "feeling" data than does the physician. Furthermore, I concur with available research findings that most patients love to see the nurse coming, and that they do not regret not seeing a physician. Many times our patients forego seeing a physician, be-

cause the nurse by exhibiting competence and by being able to combine skill with humanness actually can become a much desired practitioner. I believe that our physicians are beginning to realize that.

Accountability in ambulatory practice is in many ways a very intractable thing. So many things happen which you yourself have not done. When a patient calls for information and the receptionist puts the call through to the nurse, the nurse cannot respond to the patient in the context of her last contact with him. If she does this she may find herself in trouble; because what the patient did not tell her is that meanwhile he has gone to talk to someone outside this setting and another medicine had been prescribed which he does not report. You find that it does not do to say afterwards that, "Well, I did not know that." You must know. What you have to do is to find it out; you have to make it your business to find it out so that whatever advice you give the patient will be meaningful, and within the context of accountability in which you can answer. Being accountable means being answerable.

In this context I would like to discuss briefly the difference between a physician's assistant and a nurse-practitioner. It seems to me that there is still a major misunderstanding regarding the role of the two. In fact some people, heaven forbid, use these terms interchangeably. Lest there be any misunderstanding by any of you, let me explain it. First, I shall define a physician's assistant and a nurse-practitioner. A physician's assistant is a "doctor-stretch-

er." She is a doctor's stretcher because she has not been taught one thing that the doctor does not also know; because she does not do one thing to the patient which the physician could not do if he had the time and/or the inclination to do so. Lastly, the physician's assistant is licensed only as an assistant to a professional — she is not a professional in her own right. A nurse-practitioner delivers services in her own right. She has a body of knowledge which the physician has not been taught. She has a vast area of competence which has no intersection with his. Regardless of the fact that many physicians think that they know everything there is to be known about nursing, this is a fallacy. There is evidence that this was never true and certainly is not true today.

A nurse is accountable to her client and to her patient. When the physician drops dead, the physician's assistant is out of a job, but the nurses' job is bigger than ever. She is licensed in her own right. In summary then, let me say, that a physician's assistant is a figment of the medical profession's imagination which ill fits the patterns of an upward mobile Democratic society. Furthermore, this role only puts another individual between the patient and the doctor removing the ultimate accountability of care one more step up the ladder. This is deplorable, but in no way threatens the effectiveness of the nurse.

But there is a warning to nurses! Let me make sure that no nurse calls herself a physician's assistant; should she engage in activities of same, it would be my strong recommendation

that she turn in her licensure and quit calling herself a registered nurse; that she is no more. Nursing is a precious, significant, infinitely worthwhile practice, which makes a distinct contribution to the care of people; it must be practiced collaboratively with members of other health professions, but in order to be meaningful, it must maintain its own integrity. Not part of anyone else's "bag," but doing its own "thing." If we as nurses can see this, if we can implement it in our nursing education programs, if we understand it as a reality in our practice setting, then I believe that not only will nurses be around by the year 2000, but the care of people will be safe-guarded. And that is the real issue.

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## News Notes

In the book "Behind Eternity" written for the Centennial Celebration of Holyoke, Massachusetts, by Marcella R. Kelly, Ph.D., Evadine Cady O'Connor, class of 1924, was signaled out for her work in the health field.

Mrs. O'Connor was instrumental in founding the Holyoke Municipal Milk Station and served the town with distinction for 17 years. Part of this time was spent in the Child Welfare Clinic for which she received citations from the Child Welfare Commission.

Her well rounded life included being a Red Cross worker, a member

of the War Manpower Commission and a Brownie Scout Leader.

Today, in her retirement, she spends her time in reading, needlecraft and travel.

\* \* \*

Margaret Matzek Cole, class of 1929, resigned as tax collector of the town of Wenham on August 1, 1974 after a number of years of service. Mrs. Cole also worked in the Hobbs House for many years and also for a time in the Communications Center which served the towns of Wenham and Hamilton.

A few years ago, Mrs. Cole had a stroke and was left partially paralyzed, but after a long and hard fight returned to her desk in Town Hall. She said that she loved every minute working for the town over the years, but is thankful that she is able to retire.

\* \* \*

A note in *The MGH Hot Line* reported that Marion C. Bates, class of 1934, was elected Chairperson of the Accrediting Review Board of the National Association of Practical Nursing Education and Service. Miss Bates is Administrative Assistant to the Director of The Shepard-Gill School of Practical Nursing at the MGH.

\* \* \*

Also from *The MGH Hot Line* we learned that Mary E. Macdonald, class of 1942, Director of the Department of Nursing at MGH, was given Honorary Membership in the American Nurses Association for her contribution in representing professional nurses in Massachusetts on the state's House Bill #6120, the proposed re-



organization of health services. The honor was conferred at the annual dinner meeting of the MNA on Nov. 12, 1974.

\* \* \*

In a news release from the United States Air Force we learned of the Air Force commission of Carol A. Bergeron, class of 1974. Carol was commissioned a Second Lieutenant in the Air Force Nurse Corps in ceremonies held in Bedford. She was commissioned by her father, Colonel

Noel L. Bergeron who is assigned to the Army Readiness Region I, Fort Devens, MA. Carol was scheduled to leave for two years active duty beginning in Jan., 1975 and had chosen Fairchild AFB in Washington because with all the travelling during her father's career, she had never been to the Northwest.

Accompanying the news release were two very nice pictures, one showed the entire Bergeron family watching Carol as she received her commission from her father.

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## In Tribute

### **Helen Wood**

Helen Wood, a quiet, gracious, friendly lady, had the rare capacity for making and helping others to make progress with a minimum amount of discord. She made few demands yet gave the impression that she anticipated the best from another because the best was what the other wanted to give. Helen Wood was a strong leader, both trusted and beloved.

She was born in Newton Centre, Massachusetts in 1882, reared in Newton Highlands where she maintained a home throughout her life. After finishing high school she entered Mount Holyoke College and graduated in 1904. In 1906 she became a student at the Massachusetts General Hospital Training School for Nurses and received it's diploma

in 1909. Later in 1924, she earned a master's degree from the program in nursing education at Teachers College, Columbia University, and thus became one of the few nurses prepared to that extent at that time through formal graduate education.

Undoubtedly her grasp of the many needs of the sick and of those being prepared to care for the sick was gained in considerable part from the variety of her experiences. After graduating from the school of nursing she was an anesthetist at the Massachusetts General Hospital, a member of Dr. Grenfell's mission in Labrador for one summer, superintendent of the Faulkner Hospital, superintendent of nurses at Boston Childrens Hospital, a private duty nurse for one year, supervisor, then assistant superintendent of nurses, and later acting superintendent of

nurses for two different periods at the Massachusetts General Hospital, director of the school of nursing at Washington University, St. Louis. She established the school of nursing at the University of Rochester, New York, instructor at Stanford University for one summer and finally director of the School of Nursing at Simmons College from 1934 until her retirement in 1946.

Only a conscientious committed person could have carried on the many time consuming professional organization activities without jeopardizing her daily work. Miss Wood served on the State Boards of Nurse Examiners in Massachusetts and Missouri, was active in State League of Nursing Education in Massachusetts, Missouri and New York, was a member of the board of directors of the National League of Nursing, chairman of the Community Nursing Council of Boston, president of her own Alumnae Association and a member of numerous other committees. In 1920 she was appointed by the Rockefeller Foundation to serve on their committee for the grading of schools of nursing in the United States and Canada.

When writing for professional publication Miss Wood painted simple word pictures that brought quick understanding of her meaning, when she dissented with nursing leaders and others, she did so forcefully without animosity.

Distinguished and deserved honors came to her in addition to being selected for leadership positions. In 1927 Mount Holyoke College conferred upon her membership in Phi Beta Kappa because of her promi-

nence among the alumnae as a graduate with unusual professional achievement with social vision. The nurses residence which she helped to plan at the Strong Memorial Hospital, University of Rochester, New York, was named Helen Wood Hall in 1935. At the 150th anniversary of the Massachusetts General Hospital she was awarded a citation and medal in recognition of "outstanding achievements in the field of nursing." The latest honor came to her in May 1970 when Dr. Jerome Lysought, Director of the National Commission for the study of Nursing and Nursing Education (Rochester, New York) came to Newton and presented Miss Wood with the following citation signed by W. Allen Wallis, President: "The President and members of the National Commission for the Study of Nursing and Nursing Education recognize with special thanks Helen Wood, R.N. for participation in and contribution to the Enhancement of Professional Nursing".

Helen Wood accepted honors graciously yet she made no effort to gain fame, her satisfaction came from the achievement of the ends for which she was striving.

Long before social science and nursing literature began to emphasize the importance of the acceptance of staff and students as individuals, Miss Wood employed that concept as a natural part of administration. No matter how pressed for time she might be, she responded with interest and enthusiasm to a verbal or non verbal plea for help. She participated genuinely in social activities and created homely relationships.

A capacity to enjoy leisure, a ready

wit, and many interests contributed to her joyous demeanor. There were always plants in her windows. She developed and cared for a beautiful garden outside her suite at the Strong Memorial Hospital, was always ready to go on a picnic, liked to cook, played a good game of bridge and was an eager concert goer. Even when ill health after retirement curtailed her physical activities, she was

always cheery and maintained her great interest in people.

Many young women and others are fortunate to have been influenced by this courageous visionary nursing leader.

She is survived by her younger brother, John B. Wood of New Port Richen, Florida.

— *Edna S. Lepper*

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## In Memoriam

- 1906 Helen Wood on September 23, 1974 in Newton
  - 1908 Maude Harwood Priske on July 20, 1974 in Nashua, N.H.
  - 1912 Regina Horton Burke on December 6, 1974 in San Diego, CA
  - 1915 Elizabeth I. Hansen on August 10, 1974 in St. Petersburg, Fla.
  - 1915 Barbara MacLeod Henderson on October 10, 1974 in Everett
  - 1917 Elizabeth Payne Matson on November 7, 1974 in Prescott, Ariz.
  - 1918 Mary L. MacDonald on October 17, 1974 in Nova Scotia
  - 1918 Elizabeth W. Thompson (no information)
  - 1920 Dorcas Bennitt on October 4, 1974 in New York City
  - 1921 Cecelia Rupprecht on September 6, 1974
  - 1927 Harriet Harris Laird on October 1, 1974 in Sudbury
  - 1929 Winifred Parson Jebens on January 5, 1972
  - 1929 Helen Sherburne Forance in March 1973
  - 1943 Jessie Brown on April 1, 1974
  - 1945 Dorothy Gawthrop Elliott on November 20, 1974 in Sharon
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# News... of the Classes

## 1906

It is with deep sorrow that we report the death of HELEN WOOD on September 23, 1974 in Newton. (See In Tribute, p. 24)

## 1908

It is with sadness that we report the death of MAUDE HARWOOD PRISKE on July 20, 1974 in Nashua, N.H. Mrs. Priske was a well-known pioneer in public health nursing and her death came after a long illness.

After graduating from MGH, she trained in maternity nursing at the New York Lying-In Hospital and had physiotherapy training at Harvard Medical School. She started her years in public health as the first school nurse in New Hampshire. She became nursing supervisor of the Nashua Community Council in 1921 and served with the Council for 32 years. During that time she organized and directed weekly orthopedic clinics and also organized a bi-weekly pediatric clinic.

In the 1930's, in cooperation with Harry Gregg of Nashua she helped establish The Nashua Fresh Air Camp in Greenfield, and still later the Crotched Mountain Rehabilitation Center for Crippled Children.

She retired from nursing in 1953 and opened an antique shop in her home called "The Liddens" where she enjoyed her hobbies of hooking

rugs and cooking. She still had time, however, to help the many that still sought her advice and comfort.

## 1912

We have received word of the death of REGINA HORTON BURKE on Dec. 6, 1974 in San Diego, CA.

## 1915

We have been notified of the deaths of ELIZABETH I. HANSEN on August 10, 1974 in St. Petersburg, Fla., and of BARBARA MACLEOD HENDERSON on October 14, 1974 in Everett, MA.

## 1917

We have been notified of the death of ELIZABETH PAYNE MATSON on November 7, 1974 in Prescott, Ariz. After graduating from MGH Mrs. Matson joined the Army Nurse Corps and spent the last nine months of WWI in Vichy, France. She was stationed at Ft. Whipple Army Hospital in Prescott after returning to the States. Later as a public health nurse, she established a nursing clinic for the Red Cross in Clinton, Me. She was married in 1922, and during the smallpox epidemic became a public school nurse and vaccinated hundreds of children. Mrs. Matson was active in nursing until her retirement in 1959.



## 1918

Miss ALVIRA STEVENS has reported the death of MARION E. MACDONALD on October 17, 1974 in Nova Scotia. Miss Stevens said that Marion, like her sister Christine, did private duty nursing in Boston and worked mostly at the Phillips House.

Mail sent to ELIZABETH W. THOMPSON has been returned and marked "deceased". We have no other information.

## 1920

Word has been received of the death of DORCAS BENNITT on October 4, 1974 in New York City.

## 1921

Word has also been received of the death of CECELIA (RUPPRECHT) RUPERT on September 6, 1974.

## 1923

We extend deep sympathy to MARY CLARK WHELTON on the death of her husband Daniel. Mrs. Whelton's granddaughter, Donna Herold, a student nurse at MGH reported the death to the Alumnae office.

## 1927

Ethel Clow Black  
Sewall Road  
Wolfeboro, N.H. 03894

Our deepest sympathy is extended to the family of HARRIET HARRIS LAIRD who died October 1st. Harriet had been living at The Sudbury Pines Nursing Home, in Sudbury for the last few years.

HELEN BAKER writes that she

is getting around with a leg brace and is once more back in her own apartment. She spent the month of July in Hanover, New Hampshire with MARGARET MURRAY ALLEN and spent a week in October with MARTHA DAVIDSON PETERSON in Leominster, MA.

DOROTHY TURNER PAINE spent several weeks of the summer at her home in Tuftonboro, N.H. Her sister, Mrs. Donald Livingston had a small luncheon party for her. Dottie and I had not seen each other for several years so we had a lot of catching up to do. She has one son who is completing an internship in California, and a daughter living in Connecticut. Dottie has never attended a reunion, but she promises to try to make the 50th in 1977.

The Blacks have finally decided that winter in New Hampshire is not for them. They will be at The Beach Club Hotel, Naples, Florida from the 15th of November until the 15th of April.

## 1929

VIENO JOHNSON has reported the death of two of her classmates; WINIFRED PARSON JEBENS on January 5, 1972 and HELEN SHERBURNE FORANCE in March 1973.

## 1934

Eva Belcher Chandler  
97 Eliot Street  
Ashland, MA 01791

Well another reunion has come and gone and the same faces were at our table. Happily HENDRIKA VANDERSCHURR (looking fit as a fiddle), LOIS COWELL AN-

DERSON, and DOROTHY KEN-ISTON CHAMPIGNEY were able to make it this year. With MARION BATES and myself we five represented our section of the Class of '34.

The speakers were dynamic and interesting and all in all it was a pleasant day. It seemed most appropriate that just as one speaker finished at 12 noon the Nancy Frazer Carillon at the nearby Park St. Church began to chime. It was a moving moment for those of us who realized what was happening. It brought back such a flood of memories of our "sick calls" and infirmary confinements.

Have not had a chance yet to write to members of the class for news but hopefully will get to it in the near future.

I am enjoying my retirement to the hilt. I belong to two bowling leagues and am a school lunchroom monitor

one day a week. Expect to do some community volunteer work later but at present am using my spare time taking short trips and doing all the things I didn't have time for when I was working.

Ricky Vanderschurr has retired as Director of Nurses at the Morton Hospital and is happily "at home" in her beautiful lakeside cottage in Dover, N.H.

Again, if there is to be anything in the next Quarterly it must come from you.

1936

Marjorie Goldthwait Richardson  
386 Riverway, Apt. #2  
Boston, Mass. 02115

You will be interested to hear news of THELMA INGLES, who has returned to her Maine home after 8 months absence. Following the Centennial last September she travelled,

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in connection with her work as a consultant for the Rockefeller Foundation, to Columbia and Brazil, South America; Zaire, Cameroon, Nigeria and Kenya, Africa; and then to Thailand by way of India. On her return trip she took some vacation, spending two weeks in Iran, two weeks in Greece including a cruise of the Greek islands, and finally visited San Sebastian, Spain.

RENE VANDERSLOOT STEWART sends a new address — 11 East Lyon Farm Drive, Greenwich, Conn. 06830.

I had a letter from SALLIE WHITCOMB PRICE's sister Peg telling me of the death of their mother, whose warm humor, hospitality and creativity brightened the lives of so many of us during our student days. Peg says that Sallie and Conn returned from Nigeria in April and are now living at 310 Osel St., Morrison, Oklahoma 73061.

I have just returned from a three-week tour of the Orient, visiting Japan, Taiwan, Thailand, Singapore, Hong Kong and Korea. It was absolutely fascinating and I wish I could share the experience with all of you.

I also wish I had more news of more people to share with everyone. Do please send me word of whatever you're doing — it's more interesting than you realize!

friendships at the Homecoming last fall. Classmates who attended were: GRACE BABCOCK GATCOMB, WINONA BEHR SMITH, ADA DEINNOCENTIS RESTIERI, DOROTHY DUFFY HARGREAVES, LUCY FRENCH BROWN, KATHERINE TRACY TAYLOR, PHYLLIS YOUNG WHEELER, BARBARA YUTRONICH NOONAN, and yours truly.

Phyl Wheeler returned for the first time since graduation and she brought with her some snapshots that were taken during one student day, quite a few on Thayer roof. She is head nurse at the Fairlawn Hospital in Worcester. Her address has been changed to 7 Richmond Ave., Worcester, Mass. 01602.

Kay Taylor had not been back for many years. Her husband is a pathologist and they are semi-retired in Maine. Grace and Lucy drove up from Conn. together. Lucy had to go back the same day so Gracie stayed with me and we went to the Flea Market at the Fanueil Hall Market the next day. Barbara visited her son, who lives in London, this summer and they spent two weeks in a rented villa in Portugal.

After everyone else had left Grace, Ada, Nona, Barbara, and I went out to dinner. I hope more of you will be able to join us next year.

## 1939

### September Section

Yvonne Goethal Ciesluk  
298 Weston Road  
Wellesley, MA 02181

It was great fun renewing old

## 1943

### September Section

Stella O'Mara Zanca  
and  
Martha Seaworth Kelland  
137-08 64 Road  
Flushing, N.Y. 11367

Christmas cards and notes located some of our classmates: GERTRUDE DOWLING is in Manchester, N.H. and spends winters in Boynton Beach, Fla.; BETTY BREWER MCCONOUGH is living in Portland, Me.; SHIRLEY MANSFIELD CREASY in Newtown, Ct.; and CLARA MILLER FOLGER in Pomona, CA.

CONSTANCE SMITH ZULLO of Claremont, N.H., wrote of three in college, 1 high school senior, 1 junior high and Alexander must be the fifth child. Rocky is Ass't. Principal in high school and Connie busy with Girl Scouts publicity.

CONSTANCE WARNER REGLI of Cupertino, CA. uses her artistic personally made card, told of the family in Switzerland for Sept. to visit her husband's family. She was enthusiastic about cheese, chocolate, brooks, etc. as well as people. Her mother 86 is fine. We remember her at Harvard the summer of 1943.

MARTHA SEAWORTH KELLAND (39-2565 St., Woodside, N.Y.) spent much of the summer in N. Dakota, Minn. and Ill.

STELLA O'MARA ZANCA, husband, Joe and middle daughter, Ann, were enthusiastic about their trip to Rome in November. Jane lives near home; Ann and Barbara at home. Jim, the oldest, was married on Jan. 3rd. He and Sue live in the Flushing area also.

\* \* \*

We have been notified of the death of JESSIE BROWN on April 1, 1973 in the nursing home where she had been a patient for 3½ years.

## 1949

PATRICIA FINN MURPHY has notified us of the death of her neighbor and friend DOROTHY GAWTHROP ELLIOTT on November 20, 1974 in Sharon, MA. Dorothy was night supervisor at Norwood Hospital prior to her illness in Jan. 1974 and earned the love and respect of her fellow workers at the hospital. Our sincere sympathy to her husband, Thomas, daughter Susan Mahoney and her two grandsons.

## 1949

### February Section

Emily Swierad Nicoll  
16 Mallard Road  
W. Acton 01720  
Clara Skowyra Sellon  
15 Minchin Drive  
Woburn 01801

Nine of us met at the Parker House for a very enjoyable 25th class reunion. The speakers were interesting and the luncheon delectable. In the evening we all had a good time at the Holiday Inn, exchanging pictures and just catching up on all that had occurred since we had last seen each other. We had dinner at the penthouse there. Here is what each of the classmates have been doing. BARBARA ROSER MANONI of Wethersfield, Conn., husband has been with United Aircraft for 25 years. Son Lee 23, is married to a Debbie. Rick 21, married to a Debbie too. They have a daughter Jennifer Lynn, Barb's first granddaughter. Linda 19, is a sophomore at Boston College 4 year nursing program. Twins Carol and Ken 17, are seniors both applying to colleges now. Patricia 13 yrs.,



is in 8th grade. Barb has worked part time at the Hartford Hospital delivery room and a local convalescent home, a Red Cross volunteer, and a nurse with the Bloodmobile program. She still enjoys bridge, tennis, needle work, gardening, and keeps active in the local graduate nurse group.

BARBARA RICHARDSON McCANN has lived in Dallas, Texas, for 8 years. Husband Don is Chairman and Prof. of Physiology at South Western Medical School. Son Don 23, works between classes in Theory, Psychology and Music. Margret 22, graduated from Southern Methodist and is now working in Colorado U. Barb stretches the hours with all sorts of projects ranging from people to pets.

DOROTHY CURTIS FLAHERTY, of Natick, worked part-time for 3 years at Newton Wellesley Hospital, not working presently. Her children are Patrick Jr. 21, works as a machinist, Sheila 19, in her 2nd year at Mass. Bay Community College, Kevin 15, a sophomore at Newton Tech. High School and studying Electroneca, Brian 13, in the 8th grade.

ROSE JACOBS HOPKINS 1974 was their big year! In June Hillary graduated from Simmons and is now employed at New England Baptist. In August they celebrated their 25th wedding anniversary by getting ready for Heidi's wedding. That was in September and really something special, as it was on The Island Lake Winnepesaukee. Podes is working 3 evenings a week at the local hospital. Three children have apartments in Greater Boston, and one son, Carl, is

at home going to high school.

SHIRLEY GORDON KELLER has two married sons and a 3 year old granddaughter. She still has a son at home who is interested in all the things a 12 year old does, especially sports. Shirley keeps busy as a volunteer for Red Cross blood program, a Nursing Instructor at the high school, and soon to become involved with the Wilmington Health Care Center that is about to be built.

CATHERINE HRYCRY HOWARD of Chicopee, and husband Burl have 5 children. Bruce 22, graduated in June 1974 from Westfield State College as a History major. Nancy 21, is a senior nursing student at Fitchburg State College. Janet 13, Cathy 12, and Kenneth age 8, are in grade school. Catherine still does private nursing full time and did some vacation relief for the Chicopee Visiting Nurse Assoc. which she found drastic change from hospital nursing, but a good look at a different aspect of nursing.

MARGARET CONNERS BERNIER of Gardner, has 3 children: John 16, a junior in high school, Robert age 7, in the 2nd grade and Carolyn in kindergarten. Peggy is now working at the Henry Heywood Hospital in Gardner.

DOROTHY IWANIKI is the third level coordinator of the Hartford Hospital School of Nursing, where she has been for the last 11 years. She says "It was good to see all those who were able to get to the reunion."

ELIZABETH GRANT BRIDGES of Portland Oregon, wrote a lovely letter and sent along a family picture

and some pictures of our younger days. Her children are Barbara 19, goes to Oregon State College, a sophomore majoring in P.E., Debbie a senior at Franklin High, and daughter Elizabeth a freshman there. Fred is a junior at Benson Tech and very interested in aviation. Debbie is stronger in art, while Liz will be the next nurse in the family. Paul age 9, is holding his own in the 4th grade. He recently fx his tibia playing football and is enjoying the royal treatment. Dad is teaching science and math and is a steady guiding hand in this organization at home. Betty still is nursing part time and changed from the 11-7 shift in ER to days. "The first time on days in years and years. It's an interesting and delightful switch."

EMILY SWIERAD NICOLL, of W. Acton, has Jimmy 15, a sophomore in high school and Gary 13, an 8th grader. Both are involved in hockey. Emily moved to Acton 2 years ago and loves it out there. She is working part time at the Rivercrest Nursing Home in Concord.

CLARA SKOWYRA SELLON lives in Woburn. My children are Rod 22, married, still in the Navy . . . Charlie 21, working and living at home . . . Carol 18, attending secretarial school in Boston . . . and Bob 15, a sophomore in high school. I am still working part time at the Eye and Ear Inf. after 20 years.

GERTRUDE KENNEDY KELLY of Hamburg, Iowa, writes that she is working in the R R and surgery. Her husband is the hospital administrator of a busy 85 bed community hospital. Her children are

grown, the girls finished school and the boy is a soph. in college (U. of Neb.). Now Kay and her husband are free to come and go as they please.

From now on your new class secretary will be Rose (Podee) Hopkins, 78 Chestnut St., Haverhill, Mass. 01830.

## 1949

### September Section

Irene Weisslinger Swan

19 Seaview Ave.

Marshfield, Mass. 02050

Wonder of Wonders! Thanks to our twenty fifth re-union, we finally made the "Quarterly". There were 13 of our class who attended the re-union on Homecoming Day. Each one was persuaded to jot down a few lines of information about herself and family. And here it is:

JACQUELINE AUGER BROWN is now night supervisor at Cooley Dickinson Hospital. She has three children.

PATRICIA EDGE WILSON took a refresher course two years ago and has been working full time in an intensive care nursery for new-born babies. Pat's husband, Bill, is an internist at the Group Health Co-op. They have four children and have bought a 26 foot boat which they take up into the British Columbia islands and fjords.

MARGARET FRASER BENDER works in a travel agency, and does private duty nursing one day a week. She has three children.

MARY HAMILTON BIGGIO has been with the V.N.A. for over two years. Her husband, Bob, is a

teacher. She and Bob are active in many town affairs and groups. They have three daughters. Linda, age 24, has bestowed upon Mary the proud title of "grandmother". Diane, age 22, is an M.G.H. graduate who works part time on White 6, and Robin, age 20, is a senior student at M.G.H.

ISABEL HESKETH BROOKS is a nurse in the clinic at Western Connecticut State College. She has two sons.

PATRICIA MALLOY KENNIFF is a substitute school nurse. She's active in community projects, and ventured into real estate for a year but did not feel it was for her. She enjoys tennis and bridge. Her husband, Bob, is an assistant marketing director in an insurance company and also a captain in the Naval Reserve. They have two daughters.

RUTH TILLSON LOWELL does no nursing, but has taken up tennis and loves it. She also enjoys her summer cottage in New Hampshire. Her husband is a doctor. They have four children.

TRUDY WALSH HYNES works part-time as an OB. Gyn. office nurse. She has three children.

MARY SCAHILL has a position as Chief Nursing Consultant at the Eunice Kennedy Shriver Center in Waltham, Mass. It's an evaluation and diagnostic center for the mentally retarded. Mary's also in a Doctor of Natural Science Program at Boston University.

RUTH STILLMAN FERNANDEZ works in the local high school science department, mostly in biology. Her husband is an internist at Lahey Clinic. They have five daughters.

MARIE PEARCE JOEL obtained her B.S., and then completed a course which qualifies her as a nurse practitioner. She works full time at the Veteran's Hospital. She has three children. Marie spent homecoming weekend at Dot Johnson McCann's home. They had a great time reminiscing.

DOROTHY JOHNSON MCCANN has done no nursing for the past few years, but is planning to take a course in mental health in the spring. She has six children, four of whom are in college. Dot plays the guitar with a group of women who entertain locally. She is active in many organizations, one of which is the Ruth Sleeper Chapter of the M.G.H. Nurses Alumnae Association which she helped to organize.

IRENE WEISSLINGER SWAN has done no nursing. She has five boys. Vacations are spent camping.

The following people sent in letters to be passed around at the reunion since they couldn't attend themselves.

ELSIE BAHSLER PEECHER works almost full time nights as a float at Children's Hospital of Orange County, California. She took a course on EKG's, and is now taking one in street Spanish, since many of her patients speak this language. She has four children.

JANICE MILLER MARKS was working in a medical clinic for six years. But last spring she went to work at a Center for the Retarded, and loves it. Her husband, Norm, works at Lockheed. They have three children.

PHYLLIS CHADBOURNE LICHTENWALDER's husband is

Dean of Nursing School, along with Medicine, Public Health, and Pharmacy in Beirut, Lebanon. Chad taught psychology to first year diploma students for three years, but the school is closed now. She is about to finish her thesis for a Master's Degree in Education, Guidance, and Counseling. She has four children.

BARBARA STEVENS WRIGHT is no longer in the motel business, but is very active in local and church groups. Her husband, Herb, works for the post office. They have two children. Most of their vacations have been spent traveling through the states in the eastern part of the United States.

RUTH STRONACH HENSHAW has done no nursing. Her husband has an insurance agency in Florida. They have one son. Ruth tries to get up to Boston annually.

There you have it! Notes from any of you would be appreciated, and would help to insure future appearances in the "Quarterly".

## 1951

### September Section

Marion Decker Manes  
Riverview Lane  
Centerville 02632

It's time to start thinking of making reservations for our 25th reunion. Our country's Bicentennial is being celebrated that whole year. Imagine Beantown will be filled with tourists, right through September. It would be helpful to know how many are planning on Homecoming in '76, with hope for as close to 100% attendance as possible. Do you agree that it would be the appropriate time

to present the school with our class gift? Maybe a Scholarship in Kay Bradley's name, or some such — any ideas?

NATALIE QUIRK MEANEY sent a newspaper clipping from Danbury, Conn., with some news I'm sure you'll all find distressing. HILDA NELSON FENELEY and Jim lost their 20 year old son Jim, in the crash of the rented plant he and two of his friends were in last Sept. I'm sure you all join me in the card I sent, expressing our sorrow. Nat's brood of six keeps her hopping so much so, that she never got to visit JOAN McCARTHY PETERSON at all, last summer.

Mac's husband broke in his summer vacation replacement, Concord's first female postal deliverer. She said she not only found her mail in her box, but two jars of homemade pickles!

BETTY THOMAS WHITE has a new address: RD #5, Silver Springs Road, Mechanicsburg, Pa. 17055. Vincent's "retired" and she's working. They have two in college.

BEA MERZ McHUGH and daughter Penny spent a day in August with me. I took them to Kennedy Territory, lunch at Hyannis Port Club, and sea and sand at Craigville Beach. My daughters couldn't believe we were roommates, Bea looks so young. She said GINNY PIEROBELLO SABIN's daughter told her that Ginny's attending B.U. two days a week to get her degree in Psychiatric Nursing. Bea's working as an industrial nurse, and feels just great. Bill Sabin called last summer, but our schedules didn't permit a



visit. He had the children for a vacation on the Cape for a few days.

Well, get out your address books again, because your faithful correspondent is moving down the road to 211 Riverview Lane, Centerville, Mass. 02632. We expect to be moved some time in January, assuming we sell our present house in this terrible time of Real Estate sluggishness. We built on a marsh overlooking the Centerville River — it's a beautiful, quiet spot, and we tried to keep a waterview from every room in the house, using sliding glass doors on both stories in the rear of the house. There are gulls, ducks, Canadian Geese, and a big Blue Heron living there — suppose I'll get any "Bird-ier" in my declining years? Robin graduates in June, and is talking of going to Cape Cod Community College, since she hasn't made her mind up as to what she'd like to become. Betsy has one more year after this, and is considering a nursing career — she'd like to find one where she gets a degree in about a year! Well, think '76, and send any ideas regarding our 25th reunion, and also for a class gift.

\* \* \*

Please turn to News Notes p. 24 for item about Carol Bergeron, daughter of DORIS STONE BERGERON.

## 1961

Elaine VanLenten Braet  
12 Oakwood Avenue  
Pequannock, N.J. 07440

CAROL WILLIAMS LINCOLN was working four nights a week in a nursing home in Hingham until

recently. She took time off to give birth to another daughter. She and Dick now have three boys and two girls. Congratulations! BARBARA BEERS JOHNSON is currently living in Hingham, Mass. and is very active in community affairs.

While Carol was in Maternity she saw MAEVA BUCKMAN CAMPBELL who is Maternity Clinician there. Maeva is married and has two children. PEGGY WOODWARD is also married (name not known) with no children.

A very sad note to report. Our deepest sympathy to PHYLLIS SMITH DANILOFF and her children. Apparently her husband, a test pilot, was killed earlier this year in a tragic accident.

CAROL WHEELER is married with three children but we don't know her married name or have any other information except that she is located somewhere in Colorado.

LINDA WEIN ROSENBLUM and her husband Bill have been very busy with their Wholesale Food Distributing business. They are in the process of building a new plant. They have three children and are living in Wyckoff, New Jersey. JESSIE WILLIAMS PARSONS has four boys and is located in San Jose, California. Don't know if she is working or not.

HELEN SALVIN WHITNEY is apparently now located in North Rutland, Mass. and has two children. ANN WHITE NAZAWA's last known address was Arlington, Mass. According to our reports she also has two children.

JUDIE WRIGHT DAVID and her husband Don are living in West

Peabody and have three children. Judie is working nights in a Mental Health Unit and keeping very busy. Don has his private pilot license and they have purchased an airplane. It seems that Don has a slight problem with Judie, though, she refuses to go in the airplane with him!

As for your reporter (to use the term loosely), Bob and I bought a new house and have been in it just about a year now. We have been busy working both outside and in. Our biggest problem seems to be getting organized. Something we just can't seem to accomplish. We have one child, Michael, who is four years old now and attending Nursery school, which he just loves.

A plea to the Class of '61 — this news, vague as it was, was all I could gather from our class. I would appreciate any news from our class. Although the time has gone fast, as I'm sure it has for all of us, it is a long time since we were all together. It would be nice to see how everyone is faring after all these years. Please contact me if you have even the slightest clues as to the whereabouts of our classmates.

### 1963

We received a nice letter from VIRGINIA MARTIN PASTERNAK in which she said how much she enjoyed the Centennial and was delighted to see so many friends, classmates and instructors. Virginia is married to a lawyer and they have two daughters ages 4½ and 2½ years. Although inactive in nursing Ginny says she tries to keep up with current medical and nursing progress, and is always thrilled to hear or

read of MGH's newest accolades.

### 1965

VICTORIA JOEL GOLD and John announced the birth of their first child on May 30, 1974. The new arrival is named Aaron David Gold and weighed in at 7 pounds 8½ ounces.

### 1966

ELIZABETH MCCARTHY RAUFUSE and family have moved to 4 Algonquin Lane, Brunswick, ME 04011. George accepted a position as controller in one of the companies there. Elizabeth said they were making many new friends but missed Conn. and their friends of years. Son, Matthew age 2, is very active and having a ball trying to keep the new home unsettled.

### 1967

Claire Stone Steward  
29 Bus Rd.  
Salem, N.H. 03079

I received notes from two classmates in response to the Annual Fund Appeal.

SUE GREENLEAF DRAINVILLE wrote that she and Tom and their two sons, Matt age 5 and Steve age 4, are new residents of Wilmington, N.C. Tom graduated from Carney Hospital's Anesthesia School and has a position at the County Hospital in Wilmington. Sue is not working at present but hopes to attend the Univ. of N.C. this fall. The Drainville's address is: 1535-1 Village Dr., Wilmington, N.C. 28401.

BETSEY STEWARD PEDNEAU was also prompted to write. Since the birth of their second son, Betsey

ering a bit of historical trivia about the farmers who lived here 100 yrs. has been on an LOA from Homemakers Assn. Michael is working full time with the Dept. of Human Resources in the Plans & Programs Dept. and continuing with his Master's Program on a part time basis.

MARION REICHLE will be a guest speaker at our two day workshop in Oct. on The Patient With Multiple Injuries conducted by the Merrimack Valley Chapter of AACN.

Congratulations to CAROLE ROBERTSON. She was elected Recording Secretary for the Alumnae Association.

We are conducting our own private "dig" at our campsite in Bradford, N.H. In the process of excavating the cellar hole we are discov-

ago. It's a marvelous learning experience for the entire family.

### 1970

We have been notified of the marriage of GAYLE LAVIOLETTE to Christopher A. Robinson. Gayle is working with the R.I. Group Health Association as pediatric nurse practitioner and Chris is assistant controller of South County Hospital. Following their wedding trip to Washington, D.C. they will be living at 303 Angell St., Providence, R.I. 02906.

### 1974

Please turn to News Notes p. 24 for an item about CAROL BERGERON. (Ed.)

## NEED M.G.H. CAPS?

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3 CAPS FOR \$5.00

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Prices include postage for regular mail in the United States.

*Please add \$1.00 for Air Mail.*

**With each order, send your maiden name and year of graduation.**

# CLASS NEWS

SECTION AND YEAR OF GRADUATION

NAME

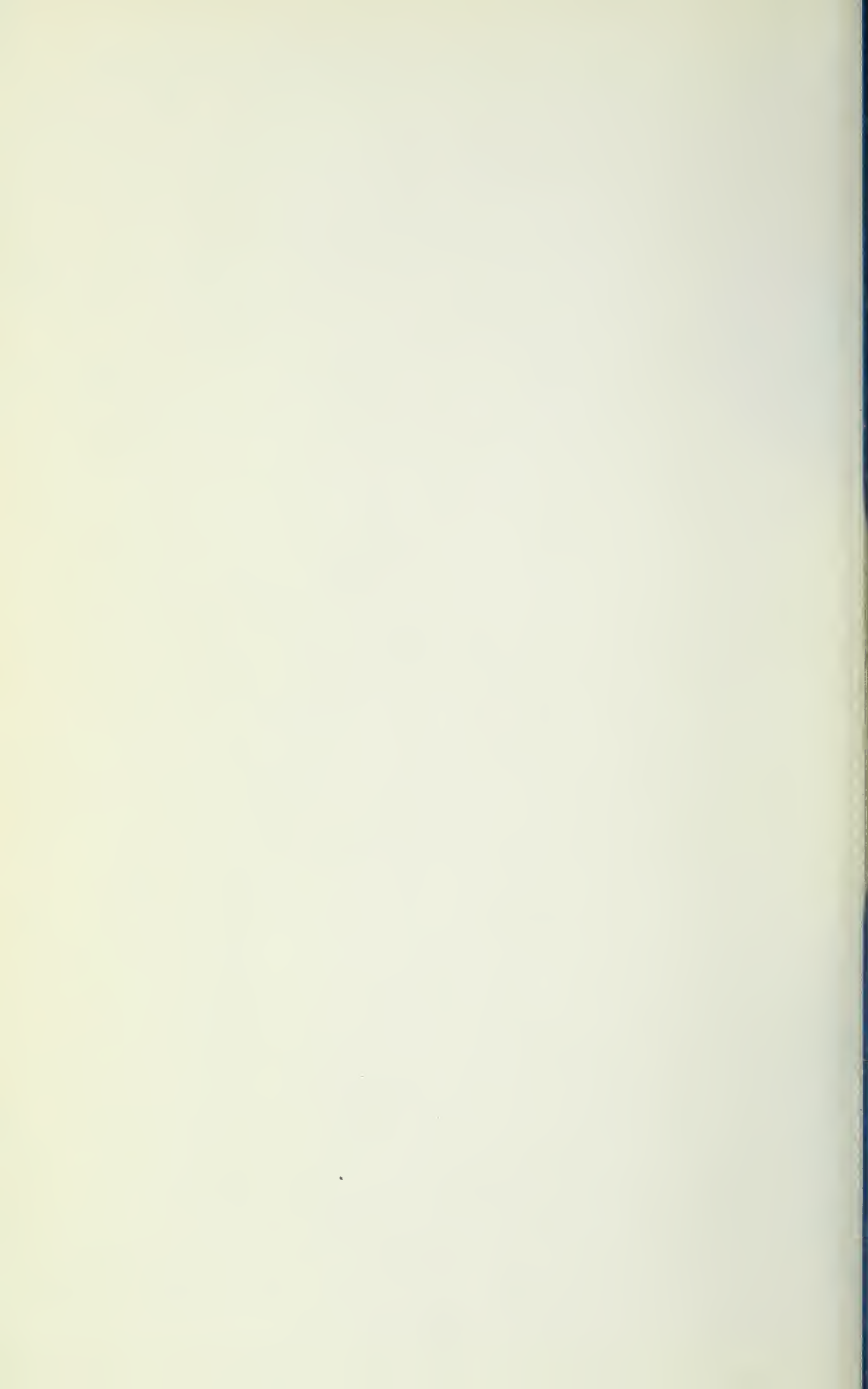
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THE  
*Quarterly Record*

OF THE

MASSACHUSETTS GENERAL HOSPITAL  
NURSES ALUMNAE ASSOCIATION, INC.





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This Magazine is Published in the Spring, Summer, Fall and Winter

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## ELECTED ALUMNAE REPRESENTATIVES TO THE NURSING ADVISORY COUNCIL

MARYJANE NASSAR ST. AMOUR (1959)  
(1973-1976)

JANICE B. OBERACKER (1957)  
(1974-1977)

ELIZABETH DOYLE SHEEHY (1953)  
(1975-1978)

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## ALUMNAE REPRESENTATIVES TO THE TRUSTEES ENDOWMENT FUND COMMITTEE

BEVERLY THOREN (1952)

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## ALUMNAE OFFICE HOURS:

Tuesday & Wednesday, 9:00 a.m.-300 p.m.

Telephone: 726-3144

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## WHERE TO WRITE

Contributions to the Loan Fund and Requests for Loans: MISS ELEANOR BAUER, c/o Alumnae Office. Make checks payable to the Annabella McCrae Loan Fund.

When Someone is ill: Alumnae Secretary, Bartlett Hall, 34 Blossom St., Boston, Mass. 02114.

Sick Relief Application and Dues: MISS MIRIAM HUGGARD, Phillips House, Massachusetts General Hospital, Boston, Mass. 02114.

Requests for Membership, Alumnae Dues, Changes of Address and General Information: MRS. EVELYN LAWLOR, Alumnae Secretary, Bartlett Hall, 34 Blossom St. Boston Mass. 02114.

# THE QUARTERLY RECORD

OF THE  
MASSACHUSETTS GENERAL HOSPITAL NURSES  
ALUMNAE ASSOCIATION, INC.

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Vol. LXV

Spring 1975

No. 1

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## QUARTERLY COMMITTEE

Editor .....	Madalene Brown Calogiro 11 Vanness Rd., N. Weymouth, Mass. 02191
Chairman .....	Judith Harding Dougherty

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*Subscription to the Magazine is included in the dues of the members of the Association*

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All communications for insertion in the *QUARTERLY* can to be sent to the  
OFFICE OF THE ALUMNAE SECRETARY or directly to the EDITOR

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Memo to contributors. Material should be sent not later than March  
1st, for the Spring *QUARTERLY*; June 1st, for the Summer issue;  
Sept. 1st for the Fall issue; and Dec. 1st for the Winter issue.



# Reflections On Forty Years As An MGH Nurse

The following article was written by Adele Corkum and Gellestina DiMaggio and appeared in *The General Heartbeat*.

On February 12, 1975, a private luncheon was held by Adele Corkum's staff to honor her fortieth year of service to MGH (in reality, forty three years of service, since she entered the School of Nursing in 1931). Evaluations of nurses in the early thirties were written in a most guarded manner and it was a real compliment that Miss Sally Johnson, Principal of the MGH School, indicated in Miss Corkum's evaluation that "... we expect her to be one of our most satisfactory graduates". Adele Corkum, "Corkie", has certainly lived up to that expectation. She has worked in all positions, in all services (except Phillips House, Operating Room, Clinics). Miss Corkum has collected a multitude of anecdotes through the years and she consented to share a few of them with us. In 1934, Miss Corkum began her nursing career as a staff nurse on Ward E. . . .

"I was one of two staff nurses in the General Hospital on a mixed surgical ward with twenty private rooms for sick doctors, nurses (graduates and students), children on precautions, critically ill medical and surgical patients and an open unit of twenty beds for patients (female) with circulatory problems, female GU and female fractures.

In the Baker Memorial the staff consisted primarily of graduates with student nurses. The General Hospital was staffed by students. Here there were positions for students such as senior nurse or head nurse; it was quite an honor to have these special assignments.

My salary was (\$65) sixty-five dollars a month, plus room, board and laundry. It wasn't permissible to live out of the residence: "Nice girls didn't have apartments," so they said. However, two years later with an increase in the number of staff nurses in the General Hospital, living out was permitted. Twenty-six (\$26) dollars a month was allowed for living out.

The day usually consisted of working 6:15 a.m. or 6:30 a.m. (the latest) to 7 p.m. or 8 p.m. with either 9:30 a.m. to 1 p.m., or 1 p.m. to 4:30 p.m. off, but rarely did one get off at 9:30 a.m. to 1 p.m. due to the large assignment. Some assignments necessitated coming to work at 5:30 a.m. and hiding from the night supervisor when she made rounds. The evening nurse worked 2:30 p.m. to 11 p.m. — with classes she had to come at 1:30 p.m. The day nurse made the toast, cooked the eggs and prepared the breakfast trays, and then as other staff appeared, the patients were served before 7 a.m. This also meant T.P.R.s were taken and charted and charts prepared for rounds by the House staff at no later than 7:30 a.m., because, just

as today, they had to go to the Operating Room. General policy for end of shift (7 p.m.) was that all the work had to be finished up before any of the staff could leave. This included sweeping the floors on the pediatric units. There sure was team work, especially if there was a date waiting at the front door.

The night nurses worked 7 p.m. to 7 a.m. with two hours off in the middle of the night (Can't you see one having to really function at 5 a.m. after a sleep period of 3-5 a.m.!)

In 1939, when the White Building opened Miss Corkum was assigned there as a head nurse, later became an assistant supervisor and from 1942 to 1948 was the supervisor and instructor of students assigned to the White Building.

My appointment to the Head Nurse position on Ward E (now where the Warren Building stands) was made in the utility room by a supervisor, not my own, who told me I could have the position until they found somebody who really had experience and wanted it. I remained there as Head Nurse for six years when the ward was moved to the White Building. There was never an official appointment.

Before the White Building was opened in 1939, Bulfinch housed the West and East surgical patients in the West wing, pediatrics in the center, and East and West medical on East wing — with neurology on the first floor west end. Other units were either one or two level long, low buildings housing dermatology, orthopedics, male GU and fractures,

circulatory male and precautions, and a floor in Baker for critical post operatives. E.W. and the Overnight Ward were in the Moseley Basement. Two supervisors took evening report so no wonder they were in top shape.

One of the greatest experiences was to use the "shock table", a large table into which hot water was pumped — blankets placed over the metal and the patient wrapped to keep warm. There was a basement corridor running into the main building from Moseley where the extra patients (boarders) were placed if there were no beds elsewhere. Nurses assigned to the Overnight Ward were also responsible for the Nurses' Infirmary on the 1st floor in Walcott — one ran back and forth through the tunnel.

The nurses were responsible for cleaning units after discharge. There was inspection day when the poultice pail and inhalation kettles were either scrubbed or hidden — Where? In the private patients' rooms under a sheet which covered a table to conceal their individual equipment; or downstairs in the nurses' toilet; we never could find the key, "Somebody must be in there".

Supervisors of units — instructors of students worked twelve plus hours, with time off, usually 1 to 4 p.m. There were duplicate large classes because of the Cadet Nurse Programs. Classes were from 8:30-9:30 a.m. 3-4 p.m., or 4-5 p.m. in the Upper and Lower Amphitheater, with the pile drivers working on the White Building. Imagine working all night and trying to stay awake

and also having to be so organized so early! They gave report at 7 p.m. after a trip through the wards, having report given to them by a student nurse, who had to memorize it. If one didn't know the report, one made oneself scarce, either on an errand or hid in the linen closet or prepared the medicines for six o'clock.

Students wore checked uniforms, two-piece, waist as fitted as paper on the wall and a full skirt with a large deep pocket. A great place to carry extras. Inspection of uniform dress occurred any day and one was expected to be in "apple pie" shape with shoes shined and complete with pen, watch with a second hand and a black ribbon, and bandage scissors. When routine physicals were scheduled the Health Instructor reminded the nurses to wear shirt and pants — these were usually among the missing. These uniforms were fitted and made by MGH, worn with bib and apron. Long sleeves in the winter and short sleeves in the summer. Date to change uniforms from winter to summer was posted as in the Army.

Diet kitchen experience was the greatest, up and on duty at 5:30 a.m. to 6 a.m. to weigh diabetic diets, make custards, junkets, soups, fudge and any other item for the special diets. Diabetic diets were cooked individually and served one at a time on the units.

Our dining room if one worked in the Baker, was in the basement of the Baker. There was different food from the General Services — and, imagine, table cloths and service for dinner.

Chocolate sauce made excellent fudge; although if one got caught she had to return all the ingredients. Fried egg and bacon sandwiches were on the dumb waiters between the childrens' wards; ice cream in slices finished off many a meal in the ward kitchen and orange juice and fruit juice supplemented many a sparse diet.

The Administrative offices were located in the Moseley Building. The Superintendent of Nurses had the last one on the right. Outside was a bench on which one sat if you had to see her (because you wanted to or because it was requested by her). . . . Imagine your friends seeing you there: it didn't take long for all your friends to know something was wrong. When the offices moved to the White Building the famous bench came along too. Somehow over the years it disappeared into some storage area.

Outstanding incidents were the graduation which supervisors had to plan and set up and scheduled outdoors. Plans were always changed three times, outdoors, indoors, outdoors — (to the Bulfinch lawn) only to have black clouds arrive just as the Director was to give her address. In that case there was no address, instead the graduates merely received their diplomas. The graduation reception took place in the brick corridor with ice cream and cake (catered) and a dance in the Moseley until one a.m., if graduation was held in the evening.

There were Friday night informal dances at Walcott during the forties. Supervisors had to chaperone the

affair until midnight. Where did one hide empty beer and liquor bottles? — in the rolled up rug, in the kitchen behind a closet. One Saturday, several empty beer bottles appeared; on investigation not the dance groups, but one of the house maids was responsible for the delivery of empties.

I remember well the “Coconut” Fire when White 6 was evacuated for the fire victims, and the old brick corridor became the morgue. A night and weeks to follow of hard and tiring work, which one can never forget. And, I remember the night an alert was sounded (which meant blacking out all the windows, so no lights were visible). I was on alone for the entire General Hospital and the Director called to say that one small light was shining in the Bulfinch first floor. Imagine my trip through the darkened corridors. And the night the elevator was stuck between floors in the White Building and they were paging me for an Allen Street. Rescue came with a chair for me to climb out of the elevator.

Then there was the call from the Clinics that one of my prize patients wouldn’t have anyone but me do her dressing. She had third degree burns of both of her legs, plus her buttocks. I had taken care of her in the hospital for weeks. Out to the surgical clinic I went and what a reception I received both from the patient and the staff.”

“Corkie” started her baccalaureate education in the ’40’s and managed to work full time except for a summer session and two months in

the fall of ’53, for public health and received her degree in 1954.

In May of 1949, Corkie became the supervisor and instructor in Gynecological nursing when the Vincent-Burnham was opened. In 1953, she accepted the position for one year as Assistant Director of Nursing in the Baker Building (and she is still there).

“There were many more incidents, but it’s hard to remember them all, days of laughter and days of sadness, all combined to make the years very full; but that’s what life is all about.”

This interesting article will bring back many memories to our readers and we thank “Corkie” for her reflections. More important we want to congratulate and thank her for forty-three years of loyalty and devoted service to MGH; and also thank her for her untiring efforts and her leadership in behalf of our Alumnae Association over this same period of years.

## BOARD MEETINGS

Members are encouraged to attend all board meetings. Please contact the Alumnae office for time and place.

It is your organization and we welcome you to the board meetings.



# ANNUAL ALUMNAE REPORTS for 1974

## *President's Report*

This has been an interesting year. The Board has used the suggestions of Beverly Thoren, past president, to good ends and we have been able to most constructively use our money for scholarships, loans and financial aids for students and for graduates of the MGH School of Nursing.

The Board has meet at least every five weeks to carry out the business of the Association.

This year we sent a questionnaire to all members to decide whether the Association should provide continuing education programs for the members. The response to the questionnaire was excellent. Many thoughtful responses and suggestions were offered. Most members want to be able to obtain Continuing Education Units at Homecoming and we plan to ask the Massachusetts Nursing Association for program approval for the 1975 Homecoming presentation. We will move slowly and will incorporate the ideas and suggestions of the membership for future programs.

The members who wish to help in program planning will be hearing from the Alumnae office soon.

The Quarterly Record will be on time this coming year. The Board is aware of the many complaints about the lateness of issues and is taking complaints seriously.

— Margaret H. Anderson

## *Alumnae Secretary*

In previous years our work schedule showed erratic periods, sometimes extremely heavy, other times more moderate. Now our activities are so spaced that each month is almost equally busy.

In 1974 the winter months were spent preparing for the Annual meeting, processing dues bills (in January 1974, 179 paid dues) and soliciting members who were willing to chair and serve on committees.

In the spring we were occupied with preparations for the Senior Dinner, with our major effort at this time spent on the Fund Drive. During the summer months we continued taking care of the Fund drive and making ready for Homecoming.

As soon as Homecoming was over the 1975 dues bills were sent out and the processing of these continued to occupy most of our times until Christmas.

Our paid membership for 1974 totaled 1,491. This is the first time it has been under 1,500 for several years. In 1973 we had 1,651 members, showing us a loss of 166.

The above activities are in addition to our correspondence which continues to mount. Besides the greater demand for the Scholarship and Loan applications we have more government forms to be filled out. During 1974

nine people were making repayments to the Annabella McCrae Loan Fund.

In March we addressed 300 envelopes for MGH Pops night; 3,862 letters for the Fund were sent to our graduates. Being unable to secure representatives from 21 classes or sections, the office staff addressed 1,088 of these letters. Mrs. Robbins mimeographed the letters to save printing costs. Returns were received from 595 donors, an increase of 55 over 1973. 298 graduates sent in reservations for Homecoming to be processed.

I would recommend that we consider having our Annual Meeting at Homecoming time. At our January meeting in 1974 we had 26 members, while in September we had over ten times as many. To me this seems a much fairer representation.

I would like to see an augmentation of our committees to encompass all our endeavors in an active state. At the moment we need a Program, Hospitality and Service committee. The Quarterly Record and Finance have only a chairman.

Returned Quarterlies for incorrect addresses continue to be a problem. Up until now if an address was written on the envelope by the post office department or other source, we remailed these to the new address. Due to increased cost in postage this procedure can no longer be carried out, unless the recipient sends in her change of address.

I wish to thank the Alumnae Board, the Class Representatives and the volunteers who so ably assisted us in getting through this year.

— Evelyn L. Lawlor

## *Recording Secretary*

The Alumnae Board held six regular meetings to transact the business of the Association. Discussions included the revision of the Annabella McCrae Loan Fund, the representation of the Association at the N.L.N. convention in San Francisco, the formation of continuing education programs, and the increasing expenses of the Association and various means of reducing them. Much time was also devoted to the preparation of the Homecoming Day program.

— Carole Robertson

## *Finance Committee*

### **BUDGET REPORT 1975**

<b>Receipts</b>	<b>Estimated 1974</b>	<b>Actual 1974</b>	<b>Estimated 1975</b>
Membership dues	\$14,610.00	\$14,510.00	\$14,500.00
Annual Fund	7,000.00	8,008.00	7,000.00
Income from Savings	1,000.00		1,000.00
Miscellaneous	1,000.00	5,095.67	1,000.00
Trans. Bal. on hand			2,050.00
	<hr/>	<hr/>	<hr/>
	\$23,610.00	\$27,613.67	\$25,550.00

**Miscellaneous**

Homecoming	\$ 800.00	\$ 3,085.00	\$ 300.00
Cup sales	200.00	1,063.50	500.00
Other sales & postage		103.40	
Clubs		150.00	200.00
Returns from Centennial Committee		688.77	
Quarterly Ad		5.00	
	<hr/>	<hr/>	<hr/>
	\$ 1,000.00	\$ 5,095.67	\$ 1,000.00

**PROPOSED BUDGET FOR 1975**

<b>Budget</b>	<b>Estimated 1974</b>	<b>Actual Expenditures 1974</b>	<b>Estimated 1975</b>
Secretaries & tax	\$ 7,500.00	\$ 7,272.32	\$ 7,500.00
Petty cash, office, filing, tel.	415.00	335.88	400.00
Quarterly Record	8,000.00	9,875.37	8,000.00
Printing & Postage	2,000.00	1,171.40	2,000.00
Auditor	350.00	(2 yr) 1,250.00	650.00
Services	650.00	627.11	650.00
Fund	600.00	713.46	750.00
	<hr/>	<hr/>	<hr/>
	\$19,515.00	\$21,245.54	\$19,950.00
<b>Student Activities</b>			
Corsage & flowers	\$ 200.00	\$ 118.40	\$ 150.00
Dinner	450.00	412.10	450.00
Ad in Year Book and other act.	75.00	133.00	125.00
Scholarships	1,600.00	1,600.00	1,600.00
	<hr/>	<hr/>	<hr/>
	\$ 2,325.00	\$ 2,263.50	\$ 2,325.00
<b>Meetings</b>			
Annual	\$ 70.00	\$ 6.23	\$ 25.00
Homecoming	1,000.00	3,202.06	300.00
Alumnae Rep. to NLN	600.00	600.00	600.00
	<hr/>	<hr/>	<hr/>
	\$ 1,670.00	\$ 3,808.29	\$ 925.00
<b>Gifts &amp; Contributions</b>			
NLN allied agency & Member. donations	\$ 100.00	\$ 100.00	\$ 100.00
Scholarship gifts		2,000.00	2,000.00
	<hr/>	<hr/>	<hr/>
	\$ 100.00	\$ 2,100.00	\$ 2,100.00

### Miscellaneous

Refunds Homecoming	\$ 300.00
Balance of cups & express charges	790.86
Bank Chgs.	15.79
McCrae Misc.	2.45
Plates	6.44
Pictures Centennial '73	96.00

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\$ 941.54

Lawyer's Fee

250.00

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\$23,610.00

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\$30,358.87

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\$25,550.00

— Rita Sidman

### Quarterly Record

Due to escalating prices for printing and postage, there has been discussion on changes of the format of the magazine — i.e. type of printing, limit of the number of pages etc. The issues this year were larger than usual because of the Centennial. Contributions of articles of general interest to the alumnae will be appreciated.

— Judith H. Dougherty

### Hospitality Committee

#### RECEIPTS

\$3,085.00

#### EXPENSES

Printing and Postage	\$ 572.50	
Gift wrapping, name tags	20.11	
Expenses of speaker	248.41	
Hotel	2,340.05	
Flowers	16.00	
Tel. calls (long distance)	4.29	3,202.06
Annual Meeting (1974)	6.23	
Student Dinner	412.00	

— Ena Chang

### Program Committee

As we were unable to establish a Program Committee for 1974, the Homecoming program was organized by the Alumnae Board members.

TOPIC: ACCOUNTABILITY AND NURSE PRACTITIONERS.

SPEAKERS: Ingeborg Grosser Mauksch, PhD, Class of 1943; and, Joyce Young Passos, PhD, Class of 1952.

It was a very successful program enjoyed by a captive audience.



## *Service Committee*

We wish to thank Mrs. Grace Gurnery Murphy for her many years as chairman of the Service Committee. We are deeply grateful for the thoughtful conscientious manner in which she carried out her responsibilities to our sick and elderly. Because of illness, Mrs. Murphy was forced to resign this year.

Miss Corkum, with the help of the office staff took over.

During the year flowers and other gifts were sent to thirty-eight members who were ill and eight donations made in memoriam.

At Christmas time eighteen gifts were sent to members in nursing homes and three hundred-eleven cards mailed to graduates who had been out fifty years or more.

The heart warming response to the Christmas gifts and cards gave us an insight as to how much this activity is appreciated.

The office staff is very grateful for having had the opportunity to assist Miss Corkum on this committee.

The committee spent \$627.11 during the year.

— *Evelyn L. Lawlor*

### *Annabella McCrae Loan Fund*

Balance on hand Suffolk Franklin Savings 1/1/74		\$13,843.88
Receipts:		
Payments on 9 loans	2,104.02	
Gifts and donations	225.00	
Interest	619.62	
		2,948.64
		<hr/> \$16,792.52
Disbursements:		
5 loans made	9,200.00	
Printing costs	28.50	
		9,228.50
		<hr/>
Balance on hand 12/31/74		\$ 7,564.02
Balance on hand Boston Five 1/1/74		\$13,333.70
Interest		800.33
		<hr/>
		\$14,134.03
Franklin Suffolk	7,564.02	
Boston Five	14,134.03	
	<hr/>	
Total Balance 12/31/74		\$21,698.05
		— <i>Eleanor Bauer</i>

## ***Sally Johnson Scholarship Fund***

There were three (3) applicants for the Sally Johnson Scholarships. All were eligible and were awarded Scholarships in the Summer of 1974.

Eleanor Bauer 1958 — \$1,000

Helen Rossman 1969 — \$1,000

Linda Bellengi 1971 — \$1,000

Balance on hand January 1, 1974

\$ 6,488.49

Receipts:

Donations \$3,285.00

Dividends Eastman Kodak 3.84

Interest 378.00

3,666.84

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\$10,155.33

Disbursement:

3 Scholarships 3,000.00

3,000.00

Balance on hand December 31, 1974

\$7,155.33

— *Dorothy Mahoney, Chairman*

— *Carolyn Wortman*

## ***Endowment Fund***

Status of Fund:

Book Value \$463,000

Market Value \$650,000

There have not been any meetings called for the committee in the calendar year 1974.

— *Beverly J. Thoren*

## ***Representative to the Advisory Council of the School of Nursing***

During the 1974 calendar year there were six meetings of the Advisory Council. A recurrent topic for discussion at each meeting was the proposed educational program at the M.G.H. Mr. Olsen attended five meetings to present progress reports.

At the February meeting the State Board Examination results for June 1972 through May 1973 were presented. Miss Petzold reported on the State Board of Registration Nursing Site Survey conducted in January 1974. This was the first such visit in thirty-five years.

The March meeting was followed by the joint luncheon with the faculty. After the luncheon Dr. Sanders discussed developments at the hospital and Dr. Grossman presented the ambulatory clinics and services.

At the April meeting Miss Petzold announced that the National League for Nursing would make an accreditation visit to the school the week of September 16, 1974. The nominating committee presented their slate for new members.

The annual meeting was held in May. New members elected to the Council were announced. Students who had attended the National Student Nurses Association Convention at Salt Lake City gave brief reports.

In September, the By-laws were reviewed and Miss Petzold reported on the NLN accreditation visit. Misses Kiely and Mamone reported statistics about the newly admitted class. Miss Petzold stated that a decision to discontinue the current three year program would need to be made by December '74.

The November meeting included reports from Miss Young, Financial Aid Officer, on Student Financial Assistance programs and Miss Mamone spoke about the letter-writing campaign conducted to encourage allocation of funds for nursing education. She also spoke about implications of General Educations Provisions Act P.L. 93-380 for the school.

— Catherine G. Barrett

### ***Ruth Sleeper Chapter MGH Alumnae***

On the first Mondays of November, February, April and June, the South Shore Hospital Board Room is filled with an enthusiastic audience of MGH graduates and friends coming to exchange greetings and listen to some dynamic speakers.

During this past year, we were pleased to hear such topics as "The Laryngectomy Patient", delivered by Dr. John O'Brien. At the fall meeting Dr. Arnold Marghin had a captive audience when he spoke about "The Nurse Practitioner".

Despite February's cold and snow, a capacity group of members and professional friends gathered for a panel presentation on "Family Centered Maternity Care". The panel was moderated by Elizabeth Caswell, R.N., who is in charge of the program at the South Shore Hospital. Miss Ruth Sleeper and Miss Edna Lepper attended this meeting and gave the group some insight into their not so retiring lives, ranging from home care to hostessing.

The April meeting had as guest speaker Dr. D. Dinton Davis who spoke on that new group of para-professionals known as "E.M.T.'s".

We hope this past year's program makes you wish you had attended some of the meetings. Try to make some soon! Dues are a nominal three dollars annually.

— Elizabeth S. Boland

### **Memo from Quarterly Record Committee**

"We will be actively soliciting articles from the membership this year."

During the Centennial celebration we were able to give awards to some people. The decisions were agonizing. Throughout the coming year we will include in the Quarterly material about outstanding graduates who were nominated for the Centennial Awards.

## **We Present**

### ***Louise Carlson Anderson***

#### **Class of 1936**

Louise C. Anderson, chief of the Clinical Center Nursing Department, HEW since 1964, is now Nurse Director of the Health Manpower Development Branch in the Division of Commissioned Personnel, Office of Personnel and Training, Office of the Secretary, HEW.

This branch was established to strengthen the training, development, and career planning for Officers of the Public Health Service Commissioned Corps. Mrs. Anderson's rank is equivalent to that of Navy captain in the Corps.

During her tenure, the Commissioned Corps Nursing Department established a number of progressive developments, including the position of clinical nurse expert — employees in this capacity are consultants in specialized areas who work with nurses. Hospitals throughout the country have copied this innovation.

Mrs. Anderson also initiated the Nursing Care Conference monograph series — considered a significant contribution to nursing literature.

Mrs. Anderson joined the Commissioned Corps in 1955 as assistant chief of the Nursing Department. Before that she held a number of teaching and administrative positions in universities and hospitals.

She was director of nursing at Allegheny General Hospital in Pittsburgh, and taught at Duquesne University, St. Luke's Hospital in Cleveland, Allegheny General Hospital in Pittsburgh, and Simmons College in Boston.

Following graduation from MGH, Mrs. Anderson received a B.S. in nursing education from Simmons College, and her M.S. from the University of Pittsburgh. She has authored a number of articles on the nursing profession in administration and research roles which have been published in various professional journals.

Mrs. Anderson is the recipient of the Public Health Service Meritorious Service Medal which was awarded in recognition of her many accomplishments at the National Institute of Health.



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# News Notes

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*The MGH Hotline* in February reported that Helen Curley Lavey, class 1924, was the opening speaker at the World Religion Day service held in the MGH chapel on January 19, arranged by the Spiritual Assembly of Baha'i's. Mrs. Lavey has been a lecturer and teacher of this Faith for a number of years. Mrs. Lavey is a leader in nursing education in the Boston area, and was a founder of the Boston University School of Nursing. (See Class News p. 17)

\* \* \*

Also from *The MGH Hotline* in April we read about some of Mary E. Macdonald's activities. Mary is a member of the class of 1942 and as I'm sure you all know is Director of the Department of Nursing at MGH. In addition to all her other responsibilities she has been appointed a member of the Governor's Advisory Council to the Office of Comprehensive Health Planning.

In April, Miss Macdonald gave the fifth Ulmann Nursing Lecture at the Children's Medical Center, in Dallas. In May, she served on a panel to discuss "Quality Assurance — a Joint Venture" at the National League for Nursing Convention in New Orleans.

\* \* \*

We received a very interesting article from the *Cape Cod Standard-Times* which reported that Nancy Robicheau Thibideau, class of 1952, has been named one of the outstand-

ing elementary school teachers in America.

Nancy has been a third grade teacher in Mashpee, at the Samuel Davis Elementary School for six years. She is now eligible for the national teacher of the year title.

Teaching is Nancy's second career, in addition to being a wife and mother. As a nurse, she worked in the operating room at the Cape Cod Hospital for 13 years and with the District Nurses office in Hyannis and also as nurse in a doctor's office. When she decided on her new career, her thought was to teach nursing. She attended Cape Cod Community College and then transferred to Bridgewater State College for a four-year course.

Nancy shares the teaching field with her husband, John, who is a teacher at the Hyannis West Elementary School. The Thibideaus and their three sons live in Sandwich. When not teaching Nancy enjoys painting or boating or any activity which includes the family.

## MGH Caps

We need another person to make and mail out MGH caps. If you are interested, please contact Mrs. Lawlor at the Alumnae office for the details.

## In Memoriam

- 1919 Katherine Thomas Warner on February 18, 1975 in Wolfeboro, NH  
1926 Evelyn F. Miller on January 2, 1975 in Dayville, CT  
1929 Margaret Hamilton on March 17, 1975 in Waltham  
1929 Mary Graney Connelly on February 23, 1975 in Chestnut Hills  
1933 Grace Guernsey Murphy on March 10, 1975 in Pondville  
1934 Dorothy Williams Linehan in Danvers  
1935 Rose McDonnell Foley in January 1975 in Stanford, CT  
1964 Kathleen Boyle De Angelis on March 2, 1974 in Boston
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## News... of the Classes

### 1924

On Sunday, January 19, 1975, Helen C. LaVey spoke in the MGH Chapel on the 25th Anniversary of World Religion Day. This is a day set aside by the Baha'i Community of the United States and is listed in the Calendar of Special Months and Days published by the Chamber of Commerce of the United States. The purpose of this event is to emphasize the fundamental unity of all religions and to focus on the need for spiritual unity as the prime basis for the establishment of Universal Brotherhood and Peace.

There were also readings and prayers from the Sacred Writings of several of the world's great religions including Judaism, Hinduism, Zoroastrianism, Buddhism, Christianity, Islam as well as Baha'i — together with an inspiring musical program.

Permission to use the Chapel for this Service was graciously granted through the courtesy of the Hospital Chaplain, Rev. Allan W. Reed. Several members of the Baha'i Faith who are employed by the Hospital and others who are research workers there, made formal requests and the Hospital Maintenance Department kindly furnished extra seating capacity and other items necessary for the gathering which was well attended.

The Baha'i Faith is a layman's religion and our Helen has been a lecturer and teacher of this Faith for 35 years — having embraced it in 1939. Briefly the Faith, which has encircled the globe in less than one hundred years, is dedicated to the Unity of God, the Unity of His Messengers or Prophets and the Unity of Mankind.

1937

Susan Robins Groff  
14 Lucian St.  
Manchester, CT 06040

Believe it or not, I missed the last two deadlines, so that is why you haven't seen any news of our class in the last two Quarterlies. I did get a letter from CATHERINE LEONARD CROTTY in October, who was unable to go to Homecoming, but her daughter, Cathy, was there, and saw no members of our class present. I suppose after the big celebration in 1973, our class is waiting for the year 1977, when we celebrate our fortieth. Kate said that during the past summer, she and her husband took a trip to Prince Edward Island, which they enjoyed. I have also had a couple of letters from MARJORIE GOLDTHWAITE RICHARDSON (1936), who is a very good friend of my sister-in-law BARBARA GROFF HARVEY (1936). Other than that the news is nil. If anyone has anything they want to pass along, send it to me poste haste.

This news is just about going to beat the deadline, if the mails go through o.k. Hope you have all escaped the flu, which for some of my friends has been pretty miserable. We've been lucky in this family, thank goodness. That's it for now.

1955

#### September Section

We received a note from AUDREY HATCH DUNN giving a new address at 31 Hickory Rd., Woodbridge, CT 06525. The Dunns

have three children, 2 girls and 1 boy.

1959

#### March Section

Mary Flannery Cairra  
19 Fuller Terrace  
W. Newton 02165

ROSLYN RUGGIERO ELMS has been attending Berkeley, was scheduled to take qualifying exams in April and hopefully complete her dissertation for her Ph.D. in time to graduate in June. Alan is publishing and teaching. I enjoyed a brief, but great, visit with Roz in San Francisco last June.

MAXINE CLARK HYBARGER, Ray, and family moved to Illinois, where Ray accepted a new job with the Travenol Division of Baxter Labs. They purchased a home in a town of 6,400 people, northwest of Chicago. They had a car accident on their first day there, and Max had resulting problems with a pinched nerve in her neck. Max is working 3 evenings a week in ICU at St. Teresa Hospital in Waukegan. Her sister Louise died of cancer in November, just weeks after Max visited her in San Jose, CA.

I received a long letter from BARBARA KING HEMINGWAY in the Fall. Herman is in his second year of teaching at Ahmadu Bello University in Zaria, Nigeria. Barbara is a Clinical Instructor with the University Hospital. She is teaching everything, except Theater and Obstetrics, at the 3 hospitals, where the students affiliate.

RUTH FIFE MANN wrote from San Bernadino, CA. Ginger is a

# MGH CAPS

Mrs. Florence Reed or  
Mrs. Catherine Britt, 88 Whitman, Ave., Melrose, Mass.

**4 for \$8.00 postpaid**  
*(Minimum of 4 Caps)*

**Prices include postage for regular mail in the United States.**

***Please add \$1.00 for Air Mail.***

maintenance squadron commander (fixing airplanes rather than flying them). They bought a home with a big yard; and Ruth is very involved with the children's activities, including scouting and church.

A Christmas letter from JUDITH PALMER MUGGIA included family pictures. Al is sub-specializing more — he does all his commuting on a ten-speed bicycle. Judie is selling homes and showing dogs. They have traveled to San Francisco and Albuquerque and may have attended Medical meetings in Acapulco.

It has been a hectic year for MARY DUGGAN ROY and family. Mary's Dad died at MGH in Jan. '74, following two cardiac arrests. Mary had surgery on her hand for arthritis also in Jan. Baby Paul was hospitalized with meningitis in July and fortunately has no residual damage. Mrs. Duggan was traveling in England and Ireland and planned to meet Mary's sister, who has been in

the Philippines for five years as a missionary, and was to return to a new mission, again in the Philippines.

**1959**

September Section

Patricia Friss Newnham  
2107 N. Oak Lane  
State College, PA 16801

Hi All, Long time — no news! Sorry to have missed our 15th Reunion. I was hoping someone would write about it for the Quarterly for those who were unable to attend. Heard in Sept. from BARBARA BUCKMAN RINGKJOB who is busy attending classes at U. of Colorado. They had a trip to Hawaii during the summer and loved it!

MARY FURBER RAYMOND writes that her Mary Beth has started high school. Mark is 12 and an active Boy Scout. Dan at 8 is following in Cubs. Mary still does office nursing. She found the Homecoming talks excellent and enjoyed seeing so



many of you at the reunion, as did JANE HARTWELL. Jane is going on a Caribbean cruise in Feb.

DIANE FLOYD BAKER's Christmas card had a lovely block print and Haiku done by pre-teen Dale. "Wintertime view, Rolling hills, Bright from sunlight, Still and beautiful." Merry is enjoying Brownies and piano while Susie is discovering reading in first grade. Di is teaching L.P.N. students, taking a creative writing course, helping with Brownies and "Y".

Cards, but no news from JUDITH CROSBY GONSHOR and MARJORIE JOHNSON TAYLOR. CAROL FRENCH PUBLICOVER sent pictures of her lovely children. MARYJANE NASSAR writes that she and BARBARA PHANEUF MURPHY are teaching at MCC in Bedford. KATHERINE GLENDENNING JONES continues to work hard on house renovations while Warren travels world wide.

Had a nice letter from LUCY BAKER HOFER. She and Bob come up for tenure at U. of N.Y. this year, so work is especially hectic. She's been doing quite a bit of cross-country skiing and works on re-burbishing their old farmhouse in "spare" moments.

The NEWNHAMS are about the same. My mother died of cancer in late June. Bob and I had a week alone in New Hampshire during August. We are planning for a family trip to Virginia in March. In April I'm looking forward to attending a Family Planning Seminar for three days in Baltimore. All for now. Please, some of you write or send

news direct to the Quarterly office.

## 1962

### September Section

BARBARA KAMINSKY is currently a full time student in the population and family health program at Columbia University School of Nursing. She is a candidate for her M.S. in Public Health in September. This will be her second masters from Teachers College. Barbara taught medical-surgical nursing for about 5 years in a diploma program in N.Y. City.

## 1964

Mary Anne Yahoodik Cirini  
6 Hadley Court  
Everett, MA

I'm sure you will all be as saddened as I was to hear of the death of our classmate KATHERINE BOYLE DEANGELIS. After giving birth to her second child on March 2, 1975, Kathy lapsed into a coma and died twenty-four hours later.

I have expressed the sympathy of the Class to her family. Any remembrances sent to the scholarship fund will be acknowledged by the Alumnae office to the family.

## 1966

Mary Arnone French  
Cindy Lane  
Barnstable 02630

Each time I receive the Quarterly, the first place I turn is to the news of '66 and unfortunately, there's not usually a lot of news. Today, as soon as the Quarterly came, I decided to sit down, now, and write something for the next issue.

I am employed in the ICU at Cape Cod Hospital in Hyannis where I work 2-3 evenings a week. My husband, Rich, and I have two great children, Chris, 7 years and Sara Beth who is 4. We've been busy fixing up our house and getting ready for summer. It won't be long before we're into vegetables etc. and getting these ready for next winter.

Over the long Easter weekend we went to Brunswick, Maine to visit with ELIZABETH McCARTHY and Arthur RAFUSE; we were joined by SUSAN SUNDT GRAY and Dudley with their daughter Rebecca, who is a little beauty!, and DONNA HOWELL SARGENT and her "not-so-youngster", Michael who is almost six now. It was a great weekend and a super reunion. It sure was nice of the Rafuse's to move to such a central location!

I saw SUSAN O'NEILL MOORE in one of our local stores a short while ago. She and her family are living in Brewster.

That's about all the news I have. Please — all of you 1966'ers — write and let us all know what your doing with yourselves.

**1967**

Janne Debes  
RD #1  
Palmyra, N.Y. 14522

I have recently resumed, legally, the use of my maiden name. I am no longer Janne Autrey. My marriage continues, however, most happily. We have a 2½ year old daughter, Nell Autrey, and are expecting a second child in June. I work part time as charge nurse on a medical-

surgical ward in a nearby hospital. My husband teaches in a secondary school. We live in a house in the country and are attempting to live as much as possible in harmony with our environment.

After leaving Boston in 1971, I married and worked in Syracuse, NY for 6 months. We then moved to Auburn, Ala. for 1½ years, where Nell was born. I worked in John Andrew Hospital at the Tuskegee Institute during that time, mostly as charge nurse on a general floor.

**1968**

RUTH BOWDOIN BALBONI and Chris announce the birth of their first child, Christopher Louis, on January 25, 1975.

**1969**

Helen Phelps Rossman  
7413 Harrow Drive  
Nashville, Tenn. 37221

I've received several letters at Christmas time and a few since. In short I've discovered that our class is pretty spread out over the country.

E. JANE McCARTHY received her B.S. in Denver, Colo. where she saw quite a bit of JANE BENOIT KOPRIVA. Jane is now studying in anesthesia at Fairfax Hospital in Virginia.

NARRINA MITCHELL was recently married in New York City to Ken Baskin. She continues to work in surgical recovery at Montefiore Hospital.

LORENE PEART and LINDA McALEER are living and working in San Francisco, CA. I've heard that Linda hopes to return to school to study marine biology.

JANET YOUNG is now Mrs. Ray Camp and is living in Alexandria, LA.

I appreciate the response from those who wrote. We all like to keep caught up on classmates via the alumnae news. Just take a minute or two to write to me about what's happening with you.

## 1971

Deborah Reading Hicks  
840 Judson  
Evanston, Ill. 60202

On July 2, 1974 we became parents to our first child, Whitney Porter. I am currently working part time at Evanston Hospital on an adult orthopedic floor. Evanston Hospital has just started (with much success) primary nursing under the modular system which is a tremendous innovation over team nursing.

NANCY STEETS FOGARTY is at Fort Gordon in Georgia and expecting her first child (possibly twins). PATRICIA MIRENDA is living in Vancouver, Canada and working in ICU — also, I believe going to school.

I will look forward to hearing from you. I still miss the MGH.

\* \* \*

Susan G. Wilson  
2150 Richmond Road #102  
Lexington, KY 40502

JANE WASHBURN SHEEHAN and I write about every 3 months. She and husband, John, live in Winthrop and is working around MGH, but I'm not sure where. ELVI WENTWORTH married Richard Symes last summer. They are working and studying in Provi-

dence.

I've been working in Neonatology since graduation with some traveling here and there. After almost 2 years at B.L.I. Special Care Nursery I came here to the Univ. of Kentucky Medical Center. The Neonatal ICU is new (physically), rapidly growing and challenging. We are just beginning to travel to the small mountain hospitals and clinics to pick up our sick babies and do on the spot teaching.

One of my exciting side trips was to the Frontier Nursing Service in Hyden. I toured the old structure with the Nursing Director — what an amazing organization they have! They now have a new hospital.

## 1974

JEAN WEGAND is working at Newark, NJ Beth Israel in the Emergency Department on a trauma team. Jean says, "I have learned a tremendous amount in the 7 months I've been working but I also rely on my basics from MGH."



## *Requests from Quarterly Record Committee*

1. We are actively soliciting articles for the Quarterly. We know that many of you are actively engaged in Nursing Programs and could share many unique programs with the Membership. **WE URGE THAT YOU WRITE FOR THE QUARTERLY.** Please direct material to Mrs. Lawlor in the Alumnae office.
2. Four times a year our editor needs help to proof read the Quarterly. The editor has requested this help. The Quarterly then would be on time. The amount of time we are asking for is two evenings, four times a year. **PLEASE RESPOND.** Contact Mrs. Lawlor in the Alumnae office.



### **NEED M.G.H. CAPS?**

**Madalene F. Calogiro  
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## CLASS NEWS

SECTION AND YEAR OF GRADUATION

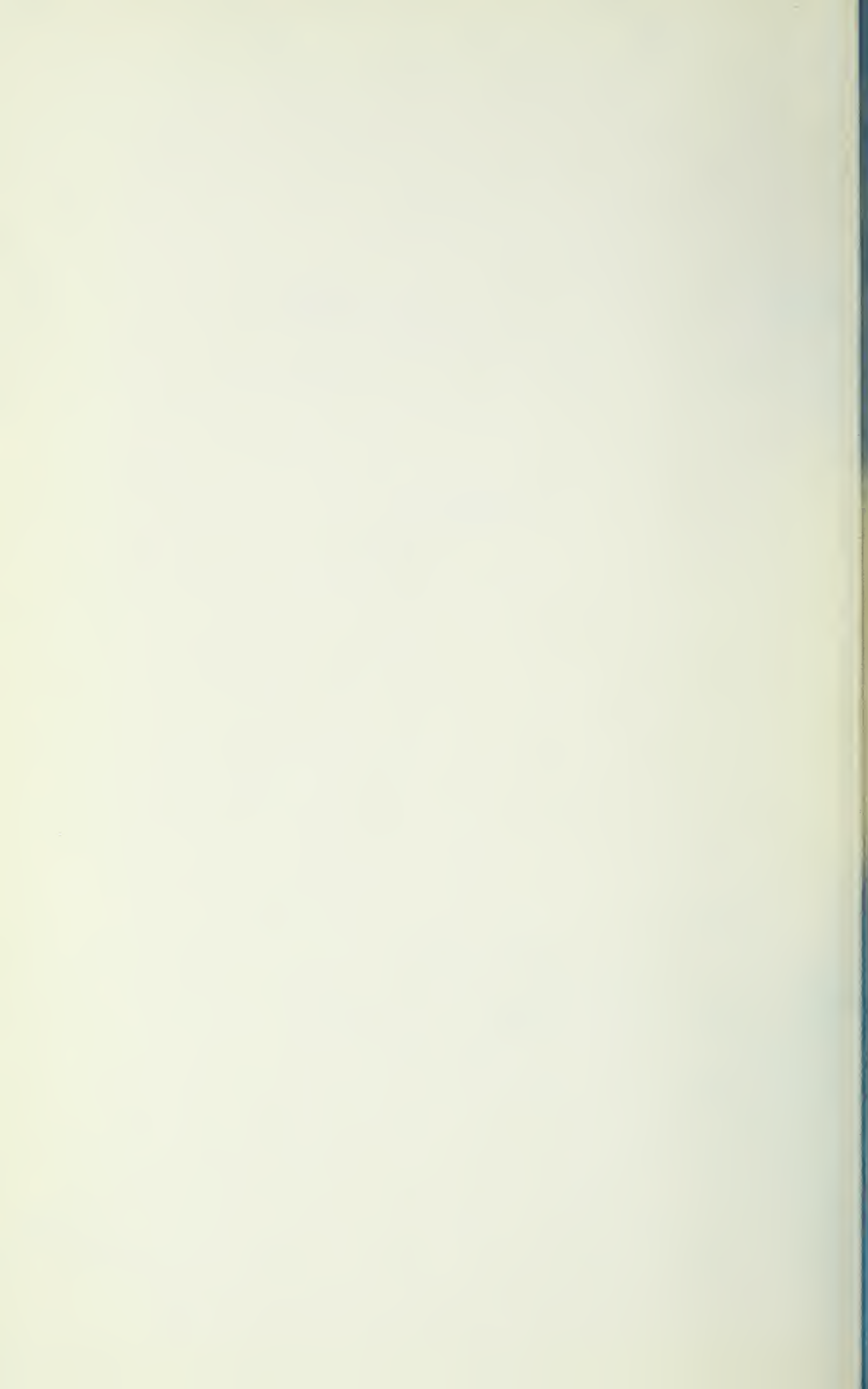
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STREET ADDRESS

CITY, STATE, ZIP CODE

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the page.







Mass. General Hospital  
School of Nursing  
Palmer-Davis Library

MAR 25 1975

# *Quarterly Record*

OF THE

MASSACHUSETTS · GENERAL HOSPITAL  
NURSES ALUMNAE ASSOCIATION, INC.

*Summer-Fall, 1975*





THE  
*Quarterly Record*

OF THE  
MASSACHUSETTS GENERAL HOSPITAL  
NURSES ALUMNAE ASSOCIATION, INC.

This Magazine is Published in the Spring, Summer, Fall and Winter

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**ALUMNAE OFFICE HOURS:**

Tuesday & Wednesday, 9:00 a.m.-300 p.m.

*Telephone: 726-3144*

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**WHERE TO WRITE**

Contributions to the Loan Fund and Requests for Loans: MISS ELEANOR BAUER, c/o Alumnae Office. Make checks payable to the Annabella McCrae Loan Fund.

When Someone is ill: Alumnae Secretary, Bartlett Hall, 34 Blossom St., Boston, Mass. 02114.

Sick Relief Application and Dues: MISS MIRIAM HUGGARD, Phillips House, Massachusetts General Hospital, Boston, Mass. 02114.

Requests for Membership, Alumnae Dues, Changes of Address and General Information: MRS. EVELYN LAWLOR, Alumnae Secretary, Bartlett Hall, 34 Blossom St. Boston Mass. 02114.

# THE QUARTERLY RECORD

OF THE  
MASSACHUSETTS GENERAL HOSPITAL NURSES  
ALUMNAE ASSOCIATION, INC.

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Vol. LXV

Summer — Fall 1975

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## QUARTERLY COMMITTEE

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	11 Vanness Rd., N. Weymouth, Mass. 02191
Chairman .....	Judith Harding Dougherty

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*Subscription to the Magazine is included in the dues of the members of the Association*

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All communications for insertion in the *QUARTERLY* can to be sent to the  
OFFICE OF THE ALUMNAE SECRETARY or directly to the EDITOR

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Memo to contributors. Material should be sent not later than March  
1st, for the Spring *QUARTERLY*; June 1st, for the Summer issue;  
Sept. 1st for the Fall issue; and Dec. 1st for the Winter issue.



# Annual Report — School of Nursing

Assessment and evaluation were the focus of a major portion of the School's activities this past year and included 1) the completion of the self-study and documented report in preparation for the visiting team and subsequently the Board of Review of the National League for Nursing for continuing accreditation; 2) the study and report for the Board of Registration in Nursing as part of the site visit in January 1974 for continued approval; 3) the workshops devoted to a study and revision of the student evaluation and grading system; 4) and a searching look at the future through the study undertaken by the Hospital to determine the feasibility of obtaining degree-granting authority for some of its educational programs. The systematic plan for evaluation of the total program of the School, developed several years ago and recently updated, provided a useful and thorough mechanism for ensuring ongoing evaluation of the various aspects of the School's program with total faculty involvement, designation of accountability, and the resultant implementation of recommendations and plans for strengthening, improving or changing the program.

As a result of the School's report and week-long site visit, the Board of Registration in Nursing granted continuing full approval to the School.

The visit by the team for continuing accreditation by the National League for Nursing occurred during the week of September 16th, just one week after the new School year began, a very busy time indeed but essentially a gratifying and positive experience. The team visit served to amply clarify and verify the primary document, the self-study report of the School, based upon the School's methods and extent of attainment of the National League for Nursing "Criteria for Evaluation of Diploma Programs." The School also suggested to the National League for Nursing, Department of Diploma Programs methods for clarifying directions to schools preparing reports and for facilitating certain changes in accreditation procedures that had been instituted; pointed out seeming discrepancies in the broad statements of certain evaluative criteria and the application of a more restrictive or a particular standard or interpretation for measuring their achievement; and re-evaluation of the type of information required of cooperating agencies utilized by the School. Although it will not be until after the Board of Review meeting in mid-January 1975 that its official decision will be made known to the School, the visitors' identifications of the School's strengths and weaknesses were supportive and recognized the high standards set by the

faculty and its consistent efforts to attain them. We also profited from the opportunity to discuss certain curriculum matters related to containment of courses within terms which we have recognized as needing our continued attention.

The last accreditation visit to the School occurred in 1967, when it continued to be accredited for a period of 7 years, the usual maximum length of time between surveys.

Workshop activities devoted to the philosophy, system, and methods of evaluation of student progress in achieving program objectives extended from December through August in consultation with Dr. Lawrence Litwack, Director, Department of Graduate Education Counseling and Personnel Services, Kent State University, who also conducted three all-day workshop programs for the faculty and representatives of the Shepard-Gill School of Practical Nursing faculty. Prompted by both faculty and student concerns, course criteria were clarified, the relevance and degree of specificity and relationships between evaluation tools and course objectives were explored, as were the meaning of mandatory objectives and questions related to the purpose and effects of Honors and Warning policies. Implications of adopting a pass-fail system were studied, with particular reference to our program and to the extensive data, collected by a faculty committee, of the pros and cons of such a system as reviewed by other institutions of higher education and in terms of their experiences. The

Workshop resulted in clarification and revision of course materials, evaluation tools, the grading and quality point system, and various mechanisms and forms for recording and reporting grades. Progress seemed to be made in resolving some of the disparate philosophies of evaluation and grading into a more harmonious one, retaining some essential flexibility in terms of differences in course structure, experiences and objectives and the different ways that learning takes place. Ultimately the faculty voted not to adopt a pass-fail system, but, instead, a streamlined and seemingly more reliable, valid, and simpler one based on ratings of A, B, C, and No Credit. A policy was also adopted that reports of students' progress would be communicated by the School to parents or guardians of students only with a request and consent form signed by both students and parents.

As a result of the Board of Trustees decision in December 1973 to conduct a study to determine the academic, fiscal, and administrative feasibility of the Hospital obtaining collegiate authority to grant degrees in nursing and other allied health fields, the School of Nursing participated in a systematic and painstaking study to determine viable and sound future directions. Under the overall direction of the Hospital's Standing Committee on Teaching and Education and Mr. Richard Olsen, Director of the newly created Office of Education and Educational Planning, a Program Development Committee for the

School of Nursing, consisting primarily of representatives of the faculty but including also the Associate Director, Department of Nursing, a member of the Staff Education Department, and a physician, was established to study the feasibility of a degree program in Nursing and, based on this, to recommend a tentative program outline for a degree program in the Nursing discipline. In addition to chairing this committee, the Director of the School has been fortunate to serve on several other committees established to examine broader facilitating and integrative questions and matters related to this overall project of the Hospital. A special seminar series on Planning for Health Care Education led by Dr. John Bolin, Director of the Office of Institutional Planning at Boston College and held at the Hospital from March-May, 1974, established a framework for achieving the timetable for the planning process through the development of statements of Philosophy and Mission and of Assumptions and Parameters to serve as planning guidelines; an analysis of present and future conditions, including existing internal resources and environment and trend analyses and projections. In March 1974, a preliminary report and recommendations of the Program Development Committee was prepared which included a study of alternative degree program possibilities for the School of Nursing if the Hospital obtained collegiate authority; it recommended a Master's degree program in Nursing, with non-

nursing baccalaureate degree as an admissions requisite. Based on this, the Program Development Committee completed by the end of June, 1974, a proposal for establishing a Master of Science in Nursing Program which included graduate level preparation in an area of clinical specialization. This proposal subsequently received the endorsement in August 1974 of the Joint Committee on Graduate Education. Viewed in terms of the possibilities within the overall plan being considered by the Hospital, we believe that a program such as the one proposed can build upon and extend the strengths of the School, can meet a need within nursing education and health care systems, can best utilize the resources for learning within the institution, and can best serve future candidates for a program of professional nursing education at MGH. We appreciated the support and assistance of individuals and groups such as the Advisory Council for the School of Nursing, students and staff of the School, and the Board of Directors of the Alumnae Association whose counsel and reactions were sought or who were kept informed of deliberations and progress. Unfortunately space does not permit in this annual report a more lengthy and detailed description of the process and rationale. As planning progressed the opportunities for multidisciplinary planning and learning, conjoint courses for students in various health fields, more efficient and effective use of teaching/learning resources with less

duplication, and ultimately more efficient high quality patient care, have become increasingly credible and serve as strong motivation to create the type of program proposed.

Enrolled classes of students and the class entering in September 1974 were assured that feasibility study activities would not jeopardize their class's graduation from the current program and that we continued to believe in, supported and were committed to implementing the objectives and the first-rate experiences of this program.

A decision to admit another class into the diploma program (September 1975) was temporized until more definitive guidelines and plans could be drawn from the status of the Hospital's feasibility study to seek collegiate authority. Applicants and potential applicants, high school counselors and other interested inquirers were notified that a study was underway which might result in a major program change, and a system established so that interested individuals might be notified of any official decisions.

There were many positive, stimulating, and salutary immediate effects of this challenging study by the School involving enormous time and effort. Although directed to the future, the various committee and individual activities of the faculty also served to focus scrutiny of the present program, to adjust perspective, and to devise ways of helping present students to reap some of the benefits of the creative process. Out of all of the many evaluation activities that took place

this past year, a realistic awareness of strengths and achievements, and an emerging trust, a new degree of maturity, and greater confidence in self and in the future were somewhat beginning to be evidenced as the new School year began.

### **Developments in Staff**

The staff continue to demonstrate a high degree of professional responsibility, commitment to the goals of the program and concern for others as well as for the quality of the services provided to the students. This was particularly remarkable during periods of prolonged stress and times when our ranks were depleted by illness or leaves of absence. The cooperation and dedication of the staff fostered a good feeling of stability. Gains have been made in supporting and integrating new, less experienced teachers into the faculty with the guidance of those more experienced, and through the faculty development program.

In general vacancies were filled with less difficulty than some former years but much time and deliberation continues to enter into recruiting and then selecting from among the larger numbers of qualified and experienced applicants. Undertaking graduate education full time constituted the main reason for resignations or leaves of absence, the number totaling twelve. In addition, a few left either to relocate in other positions or parts of the country, some because of marriage; one was on maternity leave. It might be noted that the



extensions in maternity leave policies have resulted in some pregnant pauses or gaps in staffing but we were all happy to welcome back the new mothers. We were also pleased to welcome back several former members of the faculty, either from educational leave or a variety of other positions. Two retirements are mentioned, that of Mrs. Myrtle Hibbard for her loyal and conscientious service to the School as Residence Supervisor and Miss Eleanor Page for her warmth and graciousness as Hostess in Walcott House.

Staff development is notable in the high degree of participation both in formal continued education, and in various workshops, institutes, seminars or certificate programs. Several of the staff also contributed actively in conducting regional workshops in various parts of the country, serving on state or national committees of Professional Organizations or as a member of an accreditation visit team. The Hospital's tuition aid policy and opportunities for staff to engage in such a wide variety of activities contributes vastly not only to the enrichment of the individual but enhances what we bring to the students and our colleagues.

In addition to the yearly workshop activities on Evaluation, the School also sponsored several programs for staff development to which representatives of the Shepard-Gill School of Practical Nursing and the Department of Nursing were invited. We continue to appreciate the opportunities offered for representatives of the

faculty to attend certain programs conducted by the Staff Education Unit of the Department of Nursing and are anxious to further our cooperative efforts in sharing teaching/learning resources.

Faculty data records updated twice a year by the faculty serve to document their continuing education, professional activities, and participation in the faculty organization, thus serving as a basis of self-evaluation and also an indication of meeting faculty position qualifications. Currently, 67% of the faculty of 64 (including 5 part time) have earned at least a Master's degree; of the remaining number of teaching faculty with a baccalaureate degree, many have earned the majority of credits necessary for a Master's degree; one had already met the requirements for a teacher's certificate in Massachusetts; all actively engage in continuing education.

The addition to our staff of a long-needed full-time Student Financial Aid Officer has enabled the individual formerly carrying out these activities, part time, to concentrate on additional administrative matters and has enabled Financial Assistance Programs of the School to be expanded and refined, with more of the necessary attention given to conferences with students, maintaining essential records, investigating and applying for various sources of aid and preparing the required reports and otherwise attending to the myriad of details inerent in such a vital program of the School. Liaison both with the Hospital's Account-

ing Department and with the Department of Nursing which employs qualified students under our College Work-Study Program has been facilitated and methods sought or proposed to eliminate some of the rough spots and uncertainties in the system and to determine the best types of inter-communications necessary for an effective and efficient operation. We are most fortunate in the cooperation of the two Departments mentioned and for the highly capable individual who has assumed this new position on our staff.

Also highly significant and beneficial are the three part-time positions which are funded by Capitation Grant money. (Federal Government, Nurse Training Act provisions.) While only temporary, for the duration of the grant funds, the positions include: 1) an additional part-time instructor in Mental Health Nursing, enabling us to expand the course experiences to include more Community Mental Health; 2) a media specialist and consultant who has spearheaded the development and implementation of a media center for the School and 3) an assistant in media development, who, as a former member of the faculty, has contributed that particular expertise and insight. Both of these latter individuals have served to train the faculty, developing their skill and creativity in a variety of audiovisual devices and methods.

The library staffing was somewhat altered because of its extended hours and to improve the quality and the consistency of the

level of services to an also expanded population of users. The needs and use of the library have also become more sophisticated.

### **Resources, Facilities, Clinical Experiences**

Beginning in the fall term, 1974, full professional staffing became a reality, providing professional reference service, instruction, and consultation for all library hours. Hosting a reception for librarians and educators from various neighboring libraries and community agencies facilitated access to some services and reciprocal relationships. Some evident benefits are the professional reference service for our students utilizing Treadwell Library; student and faculty borrowing privilege and reference service from the Erich Lindermann Mental Health Center Library; and professional reference service for our faculty at the Monroe C. Cutman Library of the Harvard University Graduate School of Education. A significant increase in interlibrary loans was also effected with the Library of Boston College School of Nursing and the Francis Countway Library of Medicine (Harvard University, School of Medicine.)

Both increase in users and types of services, and changed staffing patterns necessitated planning and redesigning use of available space, unfortunately tabled because of the uncertainties about the duration of the School Building (Ruth Sleeper Hall) and studies of possible changes in the Hospital's educational programs. Recommendations and

alternative plans are being developed for various eventualities; a better working area is essential as is a fully operational media-center. A major portion of Federal Capitation Grant funds were directed toward the development in the Gibson Room of the library of a media instruction, production, and auto-tutorial center. Such an investment was determined by the faculty to have essential and immediate value to the current program of the School as well as any future model which may develop.

One of the additional activities and service of the library this year was the donation of 500 books to assist in the establishment of a College of Continuing Education in Barbados, West Indies, where a College of Nursing is planned. This is in keeping with our policy to distribute discarded volumes to various needy agencies.

The increase of \$10.00 in the annual library fee was necessitated by the inflated costs of accessions, binding, and maintenance, and the need to replace losses. The library continues to be heavily used by many authorized individuals and groups in addition to our students and faculty, and requests from various groups continue to increase necessitating careful consideration lest we be overextended. Certain qualified privileges have been extended to the faculty of the Whidden Memorial Hospital School of Nursing.

Investigation of various questions related to the preservation and housing of School of Nursing archives and historical materials was

continued in consultation with individuals representing the Hospital as well as neighboring libraries. This matter will receive further attention in the coming year in relation to questions concerning the future direction of the School of Nursing, and the Palmer-Davis Library.

Hospital space planning and the uncertainty of various contingency factors including future directions of some of the educational programs of the Hospital had serious implications for planning and providing by the School for its various operations. It necessitated in July and August preparation, by the Director of the School and the Coordinators for Program Development and Educational Resources and for Student Personnel Services, of analyses and projections of needs, and alternative plans for accommodating these needs and for sharing School of Nursing facilities with other groups for an indefinite period of time beginning possibly in July 1975. Ongoing cooperative planning continues to be essential to least disrupt essential services, and to be considerate of the various individuals involved, and to manage any change effectively and efficiently.

The uncertainties already alluded to resulted in a negative decision by the Hospital's Space Committee which prevented development of our proposal for additional classroom and conference space in Walcott House and Ruth Sleeper Hall. This proposal would have involved remodeling of existing space, using Capitation Grant funds, for a teaching laboratory for

several courses, in particular the Nursing Care of the Patient in Surgery, since Hospital Operating Suite areas offer only limited teaching space, rooms are heavily booked, and other student groups also seek space.

Also vetoed by the Space Committee was our plan to develop a consolidated Student and Graduate record system within Ruth Sleeper Hall bringing together in one building various staff responsible for initiating, maintaining, expediting, and overseeing student, graduate, and faculty records. Space available in Ruth Sleeper Hall vacated by the Medical Arts Department would have added to the already existent records area on the third floor of the Ruth Sleeper Hall. Though this unification could not be achieved, steps were taken by the conscientious and diligent staff involved as well as the faculty and administrative staff to improve certain aspects involving the completeness, summarizing, and accuracy of records, the efficiency and safety of the system, and confidentiality. An Ad Hoc Committee of the faculty was developed to further study and make recommendations for certain aspects of student and faculty records and in keeping with Federal legislation for "Privacy Rights of Parents and Students" under the General Education Provisions Act.

Providing for appropriate level and challenging clinical experiences warrants mention once again this year. Though various constraints continue and are reckoned with as stated in past annual reports some new problems emerged but some

significant gains were also made; overall we continue to be very appreciative of the cooperation and painstaking planning involving many agencies that afford our students, along with our faculty, such fine learning opportunities with a by-product of service to the patients and the agencies involved.

New administrative organization of The Clinics of the Massachusetts General Hospital necessitated requesting experiences of several different administratively responsible individuals rather than through one source. The reluctance of some of these individuals to have our students assigned to their areas because this would result in their absorbing a portion of indirect educational costs (as the School also absorbs indirect operating costs of the Hospital) necessitated our meeting, after protracted negotiations at other levels, with the General Director of the Hospital and the Director of Fiscal Affairs to resolve the issue and to anticipate further such dilemmas. With their support it was possible to finalize plans to arrange for Ambulatory Patient and Community Mental Health experiences just prior to the new School year. Planning for such experiences will necessitate major attention of the faculty for the coming year, revising the curriculum and seeking alternative experiences appropriate for learning the role of professional nurses, if further reorganization of The Clinics either precludes student participation or as current curricular constraints prevent providing more optional experiences.



This past year home visits by students to selected patients have proven valuable, with the student's written report incorporated in the patient's records. Utilization of the "Problem Oriented Medical Record" (POMR) techniques have been included in the curriculum and encouraged for student recording of interviews and observations. In addition to the continued availability of various other agencies, the Chelsea Health Center and the Brookline Multi-Service Senior Center both extended participant-observer experiences for students. The merger of the Wellesley Friendly Aid Society with the Newton Visiting Nurse Association regretfully made them unable to continue to accept students. The unstable condition in the Boston public schools prevented planning student observations with School Nurses for this fall.

Repeated planning and revision took place throughout the year as the competition among Schools of Nursing to obtain dwindling Maternity Nursing experience continues to mount. We were able to obtain minimal but adequate experience; imagination and creativity stimulated some alternative experiences. The utilization, for the first time, of the Parkway Division (gynecology) of the Boston Hospital for Women proved to be a reasonably satisfactory arrangement. The devotion, enthusiasm, and communication and nursing skills of our instructors assigned to that facility and the positive attitude of the students helped to make the experience beneficial. The adapta-

tion of the course philosophy and objectives so that the family focus is broadened to include the mother/women at times other than during pregnancy is both appropriate and timely. The acquisition also of several excellent new maternity films and discussion of more in-depth theory have been helpful. Further adjustments in this phase of the curriculum were necessary this fall since the Special Care Nursery at the Lying-in Division of the Boston Hospital for Women no longer was available for student experience.

During the year the Nursing of Children instructors pursued a variety of possible ways to increase the amount of student experience in caring for normal children. As a result, beginning in September 1974, all students will have a week of experience at the Living and Learning School in Waltham under the direction of one of our faculty. Objectives and learning experience have been carefully planned and the few students who have completed the experience have found it valuable.

The variety of experiences now available had reduced the number of students in one area at a given time, lessening crowding, and has made possible scheduling changes that alleviates very heavy teaching loads of some faculty, allowing more time for their other faculty responsibilities and preparation.

For Freshman students, experience at the Massachusetts Rehabilitation Hospital has proven to be of such an appropriate level and in keeping with course objectives,

especially for the first two rotations, that we shall be utilizing three instead of two units beginning this fall.

This past year, at the request of the Massachusetts General Hospital Department of Nursing, we utilized some different units for student experiences; and with cooperative evaluation made some adjustments for the last rotation of the year to provide experience in keeping with the objectives and increasing level of students' ability. While many learners from various schools are assigned experiences, February-May, there is no difficulty in obtaining experience for our students in June and July when other schools have closed. These same observations pertain also for Senior student experience during which their assignment over three different shifts lessens crowding in the clinical areas thereby affording a more challenging and proper level of learning and opportunity to develop certain competencies, some related to leadership.

In the Mental Health Nursing course exploration by all four teachers throughout the year of clinical facilities with which to emphasize community mental health concepts involved letters, telephone calls, and twelve personal visits to eleven agencies. Difficulties encountered were the increasing number of schools seeking community placement for students, preference of many agencies for baccalaureate or Master's students and large number of students in our School. We were successful in obtaining experience at the Human

Resources Institute and the Bunker Hill Mental Health Center. This experience is in addition to that which continues to be provided at McLean Hospital for which we are grateful.

As mentioned earlier in this section related to clinical experience, the faculty recognizes and assumes responsibility for making the clinical experience not only beneficial for the student but one which in its process provides benefits also to the cooperating agency which extends itself to us in so many ways. Faculty have shared in assisting the agency staffs to implement new systems and approaches to care; have shared in staff education through conferences and workshops and institutes in which they have participated or have helped plan; and currently one teacher is participating one day a week as a staff member at the Bunker Hill Mental Health Center actively involved in patient care. We recognize our responsibility to continue to find ways in which we can make a significant contribution to cooperating agencies in addition to the patient care provided by students and the support and enhancement of the learning environment.

## Curriculum

Many events and activities described in preceding sections of this report relate also to curriculum evaluation and development. The annual reports prepared by the faculty for the 14 various courses and the Curriculum Committee tell a story of consistent, generous, and

scholarly efforts to identify, plan, organize, implement, and evaluate learning experiences, varied to consider differences in students and learning, relevant in terms of health care developments and the future role of the professional nurse. Results of evaluation by students, teachers, graduates and employers continue to plan a significant part in curriculum design and implementation. However, since results of retrospective evaluation are not always a completely accurate means of ensuring future success, attention was also given to the teacher-student relationship, the development of trust and of insight into student perceptions, and the concept of a partnership in learning. Faculty continued to address themselves to studying alternative approaches, new learning experiences, to innovation, to different methods of scheduling, and various sizes of class sections, and ways of offering individual or small group assistance and supporting students to avail themselves of sources of help. The needs of students for help in certain areas such as "test-taking" and preparing term papers were identified and specific recommendations and plans made for offering the necessary assistance.

Changes in health care delivery settings, the many new developments in student care practices and policies, the rapid discharge of patients, also have implications for curriculum change, the learning climate, and the ongoing orientation of faculty to new techniques or methodologies. Legal, moral, social issues in health care

require additional opportunities for student exploration and incorporation within their own developing standards, philosophical beliefs and code of ethics.

A few of the additional curriculum areas receiving major attention were as follows:

- 1) The prolonged program, designed to spread learning experiences over longer time spans and utilizing different teaching methods completed its second phase, thus completing first level objectives. The results of this experience involving four students and many faculty (representing different course areas) were so varied that they do not lend themselves adequately to a summary. Course annual reports provide rich documentation of this endeavor and the commitment, trials, and achievement of those involved. Of the four students who entered this program, one resigned for health reasons and three completed phase I in 1973. Of these three who began phase II in September 1973, one successfully completed the objectives and progressed to the Junior year; one student successfully completed all science courses, but, for reasons of time, withdrew from the latter portion of the Nursing course, thus "incomplete"; the third student did not meet the course objectives of several courses. Though success cannot be measured in

traditional terms, there have been mutual gains from this experience and we remain committed to the concept of individualized approaches to teaching and learning.

- 2) The Open Curriculum concept was further supported by the inclusion in all course criteria of policies for course exemptions. The policies include eligibility for exemption, necessary considerations and evaluative methods for determining exemption eligibility. Since the number of full or partial exemptions has increased, particularly in the Social Sciences, annual tuition was separated into tuition per course facilitating and making more equitable the billing of students with irregular or less than full-time programs. While exemptions from certain courses or experiences (due to prior achievement of course objectives) results in saving of money and more time available for other activities, some students have urged that substitute, or advanced or "enriched" experiences be provided. Other students have elected to audit for their own benefit a course in which they qualify for exemption. This matter requires our continued attention and effort with the help of students.
- 3) The experiences, content, placement and continuity in Pharmacology and Medicine Administration by various

routes was studied and measures taken to strengthen this experience as a result of concern expressed by Third Year faculty for students encountering difficulty in this experience. While the principles may be learned in a relatively short period of time, and with simulated experiences, the vast array and necessary knowledge of drug action and effects, the intricacies associated with various equipment and models, the differences in systems on various units and in differing agencies, and the high degree of accuracy required all contribute further to the stress encountered in actual demanding situations, with distractions and interruptions, and time limitations. This matter will require further attention as knowledge, techniques, and systems change. The student must become able to adapt to a variety of different circumstances.

- 4) In order to facilitate the students' continuing education as a graduate nurse, with opportunities for advanced standing and credit by examination, a form entitled "End-of-Year Summary and Distribution of Course Hours" is now included in each student's permanent record. It serves to highlight the nature of some major experiences of the course at the time the student was enrolled in it in somewhat more



detail, supplementing catalogue descriptions have proven valuable years after graduation for those students matriculating for further education or students transferring to other schools of programs.

- 5) The concepts and practice of the Problem Oriented (Medical) Record has been implemented throughout various parts of the curriculum.

It can be mentioned here that the Board of Registration in Nursing commended the School for its "highly effective and successful professional nursing program." It also recommended continuing emphasis on community health concepts, integration of mental health concepts in all nursing courses, and the provision of additional opportunities for students to administer medications.

### **Student Admissions, Financial Assistance, and Activities**

Another banner year is recorded for the Admissions Office and Committee. Applications were received in such large numbers early in the year that a special plan for meetings to review records and develop an expeditious system for thorough processing of applications was established. During peak periods the lag between the submission of an application and the subsequent receipt of various supporting credentials delayed processing and necessitated persistent follow up with secondary schools and reference writers. By March all sub-

sequent applicants were notified that they could be considered only on a stand-by or waiting list basis, and that since the September 1974 class was essentially filled the procession of additional applications could not be guaranteed. Of the many fine candidates, 259 applicants were appointed to achieve a class of 130 who were both appointed and accepted appointment. Some salient statistics follow:

- 545 applications received
- 404 interviews held by Admissions Officer and Counselors
- 259 applicants appointed
  - 12 men appointed; 8 entered; 26 submitted applications; 19 requested information
  - 3 black students appointed; none entered; 20 submitted applications
  - 1 oriental student was appointed; 1 entered; 2 submitted applications
- 50 college graduates applied; 17 entered
- 31 students with post secondary education ranging up to 3 years were appointed
- 2 transfer students from Oregon were appointed to the Junior year
- 2 licensed practical nurses applied; none entered; 20 requested information
- 1 graduate nurse from India enrolled in Maternal-Child Nursing
- 1 graduate nurse from Lebanon enrolled in Mental Health Nursing. Also, one British-trained nurse com-

pleted this course for licensure requirement. Another, from Jamaica, accepted into the course, could not attend for family connected reasons, while a third from the Philippines was tutored for several hours but due to an injury was unable to take the licensing examination.

35 persons from countries other than the United States inquired about entering or applied.

The trend toward greater numbers of applicants with some years of post secondary work or college experience continues to increase. From October 1973 to August 1974, 320 college graduates sought admission to this School of Nursing.

Though recruitment activities were modified because of the uncertainty of admitting a diploma program class in September 1975, contacts were maintained with Guidance Counselors and potential applicants. Members of the Recruitment Committee participated in 12 career days or college nights; visited 3 High Schools at the request of their Future Nurses Clubs; sponsored two Open Houses here at the School, and another for 30 students from the Stoneham High School. The Spring Open House was a happy and lively occasion designed especially for the incoming Freshmen with Get-Acquainted Activities involving enrolled students and staff. The School catalogue was updated, 2,000 letters were sent to Guidance Counselors and potential

applicants to inform them of the School's development and, through the Admissions Office, a log was maintained of inquiries in order to keep them informed of School trends as any definitive plans might develop.

The following information about student assistance, prepared by Mr. Francis White who combined his responsibilities as Administrative Assistant with that of Student Financial Aid Officer until Miss Valerie Young was appointed in July to the newly authorized full-time position of Student Financial Aid Offer, shows some comparisons with last year and concerns for the future.

In the School year 1973-1974, approximately half (49%) of the student body received financial aid through the Financial Aid Committee, an increase of 5% over the previous year. As in the past, the Freshman class received the least amount of aid through the committee. This does not reflect a lesser need, but is a result of their being notified prior to applying for financial aid that because of Federal cut-backs in aid very little would be available to them.

A total of 164 students were awarded \$184,582 of financial aid through the committee. This represents an increase of 10 students and \$60,000 over last year. The Federal Nursing Student Loan, Supplemental Educational Opportunity Grants, and College Work-Study accounted for most of this increase in aid.

Because of increased costs to students, both direct and indirect,

more students this year have sought out bank loans through the Guaranteed Student Loan Program. Students borrowed a total of \$75,975 from this source, which represents an increase of \$34,325 over last year, or 28% of all assistance received.

Institutional funds represent a significant percent of awards made to students, and will continue to be as some Federal Aid Programs are either eliminated or drastically reduced.

### **Federal Aid Programs**

1. **Nursing Student Loan Program** funded under the Nurse Training Act of 1971, continues to be one of the primary sources of aid to students, but again, for the second successive year, the School of Nursing did not receive the amount of funding it requested.

2. **Nursing Student Scholarship Program** also funded under the Nurse Training Act of 1971, was the smallest source of aid available to students this year. Although the total amount received was \$36,510, only half this amount was awarded to students because only half of the total amount awarded to the School by H.E.W. was available before May 1974. The supplemental award could not be used in 1973-1974, but will be of use when making awards for 1974-1975.

3. **Supplemental Educational**

### **Opportunity Grant Program.**

This was our second year with this program and we received 28% more than last year. This is an out-right grant which must be equally matched with other funds administered through the School. The split in the total amount of the award into Initial and Renewal funds and the regulations governing the award process have necessitated much additional record keeping.

4. **College Work-Study Program** was also administered through the Committee on Financial Aid for the second year. While still having some problems with this program, mainly in the area of communications, it remains as the students' chief source of aid in meeting their indirect School expenses. It has also been a benefit to the Hospital as all students in this program work at the Massachusetts General Hospital, mainly in the Nursing Department, but a few also in the library and as laboratory assistants.

5. **The Basic Educational Opportunity Grant Program** has been monitored by the Financial Aid Officer in processing the B.E.O.G. award through the H.E.W. Office of Education and monitoring amounts awarded as they relate to the student's total financial award.

## **Future Trends**

Lessened funding through the Federal Programs administered by the School have necessitated more personal commitment by the students in securing Guaranteed Student Loans and/or securing part-time employment.

In the case of the Independent Student, a Guaranteed Student Loan might become a necessary base of self-help if the student has total financial need where funds available to the student must be fairly proportioned.

The College Scholarship Service has taken into consideration the cost of living increase so that in the future the 1975-1976 estimated family contribution on the Parents Confidential Statement will be lessened. This means that, with less total money available for awards, students will reflect a greater need and that students who did not qualify for aid before may now become eligible.

The School will be responsible for determining the student's independent status in regard to eligibility for applying for Food Stamps.

## **Student Activities**

During the last two years, the members of Student Personnel Services and interested resident students have made a concerted effort to develop the Resident Student Proctor Program to extend uniformly throughout the residences. At the present, there are approximately 25 Student Proctors in the

residences who function as peer counselors, interpreters of School policy, and as referral agents for their student colleagues. Students view the position of Residence Proctor as one which is extremely responsible and prestigious. A highly successful Proctor Workshop, and the dedication of the students and staff contribute to the smooth implementation of the plan for integrating students from various classes in each of the residences rather than continuing to maintain a separate residence for Freshmen. A week-long orientation program for the Freshmen reflected a great deal of imagination, creativity, and commitment. The students seemed more comfortable and in touch with each other with their new surroundings. Having a separate weekend day for the Freshmen moving into the residences distinct from Registration Day for classes, offered opportunities also for some families to become better acquainted with Boston and with the School facilities.

Beginning in September 1973, a broad program entitled Student Enrichment was implemented by members of the Student Personnel Services who surveyed student interest regarding extracurricular activities. By collaborating closely with students, a modest program of activities was initiated. The program included a gamut of activities, with movies being shown in the residences, lectures on relevant subjects such as self-protection, and a meeting with representatives of the Boston Bicentennial Committee. In April and May a series of seminars

on human sexuality were conducted on four separate evenings. Seminar consultants and speakers ranged from gynecologists, psychiatrists, and psychologists to specialists in value clarification. The seminars were well attended by students, faculty, staff, and administrators. Each seminar was followed by refreshments and informal discussion.

Within the last year, students have tended to socialize with each other through the increased athletic opportunities. Students have facilities available for swimming, basketball, handball, volleyball, gymnastics, pool, softball, badminton, and tennis. Bicycling continues to be a favorite sport and means of transportation.

Activities have also been planned with the commuter student in mind of whom there are approximately 55.

Student activities for 1974-1975 are planned to be more extensive and more frequent with the students offering a lot of leadership with staff support and assistance. Programs offered have seemed to be beneficial in offering a brief time of relaxation, congeniality, and new and different outlooks and interests. They have offered a pleasant diversion from study, school schedules, employment commitments, and family and home obligations for some, along with commuting, all of which consume the major portion of the students' time.

This Annual Report chronicles merely some of the highlights of the School's activities, accomplish-

ments, and concerns. The twenty or so individual reports of various functional areas and standing committees detail the efforts of many. In achieving its goals the School acknowledges its gratitude and indebtedness to the cooperation of many Departments of the Hospital and agencies utilized for clinical experiences, to the various community agencies that have extended services to us, and particularly for the understanding and support of the Hospital Trustees and Administration

—Natalie Petzold, R.N.

*Director of the School of Nursing*

### 1976 Meetings

Save the following dates:

**March 30 —** Annual Meeting

**April 10 —** Spring Meeting

(Continuing Ed. credits to be granted)

**September 25 —** Homecoming



# Report from the School of Nursing

I'm sure it is of interest to the Alumnae to know that the plans for the Massachusetts General Hospital to apply for degree granting authority are still in the making. If this should become a reality it would not be in the immediate future and thus the decision was made in January 1975 to accept a class for entrance into the current diploma program in September 1975.

As most of you know the classes at Massachusetts General Hospital School of Nursing have never been strictly a homogenous group and we have had some older students with varied educational backgrounds in the program.

However it is of interest to note that in recent years there has been a significant change in the make up of the classes, and an interesting number of individuals with advanced education and experience are applying for entrance into the program.

Since the decision to accept a class for September 1975 was not made until January 1975 the complete statistics are not yet available.

Miss Kiely, Admission Officer, has supplied the following information on the September 1975 entering class.

As of July 10, 1975 the office of admissions has processed 364 applications, including those received from 88 college graduates; 84 individuals with at least 1 year of college background; 12 Licensed Practical Nurses; 27 men and several individuals with varied work and life experiences.

As of July 10, 1975 those accepting appointments include: 32 college graduates, 36 with at least 1 year of college, 7 of whom have an Associate Degree, 6 Licensed Practical Nurses, 2 previously enrolled in another school of nursing, 7 high school graduates with work experience following graduation, 32 graduating from high school in 1975, 12 men of whom 8 are college graduates and 1 an LPN. Several of the men and women are married, and some have children. A few other appointments are in the process of being finalized, some spaces have been reserved for currently or previously enrolled freshmen who may need to repeat certain course experiences in order to meet first level objectives and 22 persons have been appointed to a waiting list.

It is anticipated that 130 students will enter in 1975. This has been the maximum number accepted for the past several years. It is an ongoing and interesting challenge for the faculty to design, evaluate and revise a curriculum that will meet the needs of such a heterogenous group of students. It becomes increasingly important to consider the individual student in providing and adapting learning experiences.

The decision has not yet been made as to whether or not a class will be admitted to the existing diploma program in September 1976. Currently the petition for degree granting authority is being readied to submit to the Board of Higher Education by the end of July 1975. Subsequently, various stages of review would take place and, ultimately, a decision of whether or not to

proceed with the proposed major changes in various educational programs currently conducted by the Hospital. Therefore, it is not yet possible to project with any certainty the actual dates of a transition in the Nursing Program.

*Dorothy Mahoney, Class 1952  
Coordinator, Massachusetts General  
Hospital School of Nursing*

## Report on NLN Convention New Orleans, May 18-21, 1975

We feel very fortunate to have been sent to the NLN Convention in New Orleans as Alumnae Representatives. We must confess that when a convention is held in such a fascinating city it is most difficult to concentrate on the business at hand but our consciences kept reminding us and we tried to behave.

Almost 4000 members attended the convention which officially opened on Sunday afternoon with an interesting key note speaker who set the tone of the remainder of the program. The speaker was Shirley Chater, Ph.D., Assistant Vice Chancellor for academic affairs and professor, School of Nursing, University of California, San Francisco. She stressed the fact that we desperately need a unified system of nursing education based on rhyme and reason in order to bring clarity to producers and consumers of nursing services.

During Monday, Tuesday and Wednesday a variety of Sessions, Forums and Conferences were held. Some of the more significant programs covered such topics as:

- The Cost of Nursing Education
- The Delivery of Health Care and Its Impact on Nursing
- Relationships Between Nursing Service and Education
- Ethnicity and Health Care
- Quality Assurance
- Accountability: A Challenge for Educators
- Health Manpower Distribution
- Political and Social Impacts on Nursing

Several of the programs were scheduled simultaneously but since there were two of us we were able to attend more meetings.

Business sessions were held on Monday morning and Wednesday afternoon. During these sessions proposed amendments to the Bylaws were accepted and 16 resolutions were approved with little controversy. Some of the more significant resolutions included support of the Equal Rights Amendment, Improving Nursing Home Conditions, Support of NLN Accreditation of the Nursing Programs, Support of the Concept of Continuing Education Units, and recognition of the Bicentennial Year. At the Council of Diploma Program Business Meeting held during the convention the newly revised Criteria for Evaluation of Diploma-Programs were approved.

We stayed in a charming hotel in the French Quarter, each evening experienced a gourmet delight in a different restaurant and explored Bourbon St. with much fascination. It was a great trip! We thank the Alumnae Association for providing us with the opportunity to attend. The School of Nursing has purchased many of the tapes from the various meetings. These will be available in the Palmer Davis Library.

—Ann Cahill

—Dorothy Mahoney

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## News Notes

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A newspaper clipping sent to us by Irene Smith Pace reported that Mary Craighill Peyton, class 1918, was the honor guest at the seventh reunion of the crewmen of the U.S. Ship Indiana No. 58. The reunion was held in July at the Sheraton Inn in Pinehurst, N.C. Approximately 140 people from all over the U.S. gathered for the weekend reunion. Mrs. Peyton's husband, the late U.S. Navy Captain Thomas Green Peyton was a former captain on the ship during World War II. Among the special guests were Mrs. Peyton's daughter and son-in-law, U.S. Navy Captain and Mrs. C.A. Turner.

Mrs. Peyton is a resident in the Episcopal Home for the Aging in

Southern Pines, N.C. where she has lived for the last 4 years.

\* \* \* \*

Mary E. Macdonald, class of 1942, has been appointed First Vice Chairperson to the General Executive Committee of the Massachusetts General Hospital.

\* \* \* \*

It is with deep sadness that we report the death of Miss Gertrude Devine on July 31, 1975 in Boston. Miss Devine was secretary to Dr. Newman for many years and had been known and admired by her many friends at MGH.

# In Tribute

## Eleanor T. Whitney

Eleanor Thompson Whitney, who was a Baker Memorial Supervisor, died on June 2, 1975 in the Phillips House. She had been on sick leave since December of 1974.

Mrs. Whitney graduated from MGH in 1937 and from then on worked at the hospital in a succession of more responsible positions. Private Duty Nurse, Head Nurse on Baker Memorial 10 and then Supervisor in the Baker Memorial.

Eleanor, because of her unique personality, was a "Woman for All Season". She was dignified, beautifully together in herself and committed to the betterment of MGH and the patients to whom she devoted her life.

Each floor she visited knew she was personally interested in every facet of the day by day work load. She knew all her girls and was never failing in her optimism and appreciation of their efforts. Each of us who worked with her knew no problem was too difficult for her to share and she was a confidant one could rely upon.

Mrs. Whitney was a member of many committees at MGH and gave her energies willingly for the improvement of patient care.

We knew, through her conversations, about her beloved husband Jack, and Mary, her daughter. Her grandchildren were

her greatest joy and she combined a professional and personal life which fulfilled her in a way few nurses are able to manage.

After papering a room at night or painting a ceiling she always came to work full of enthusiasm for the day ahead, meticulously dressed — every hair in place and an example to us all.

She was an important part of the MGH for over forty years and never more courageous than during her last year of ill health. She won many trophies as a member of the Bowling League, but her greatest gift to us all was her devotion to MGH and those she served.

*—Rita Conroy*

### Procedure Manual

"The Massachusetts General Hospital Manual of Nursing Procedures" has recently become available in printed form. It can be purchased through:

**Little Brown and Company  
34 Beacon St.  
Boston 02108**

The cost **\$8.95** postpaid. If you wished to be billed you must pay cost plus postage.

The Nurses Alumnae Association  
and the  
School of Nursing

of the  
Massachusetts General Hospital

announce the publication in November, 1975 of  
**A CENTENNIAL REVIEW, 1873-1973**

by  
*Sylvia Perkins*  
*formerly Assistant Director, School of Nursing*

This book tells the story of a century of the education of nurses at the Massachusetts General Hospital, and traces the key developments there that affected nursing education and nursing service. The *REVIEW* also describes some of the main efforts of the nursing and allied professions to improve nursing education, and to enlarge the scope and raise the quality of nursing in the United States. Emphasis is placed on the role of the School's graduates in such efforts, both at the MGH and on the national scene.

600 pages      illustrated      cost: \$11.95



# ORDER FORM

A CENTENNIAL REVIEW, 1873-1973

of the

Massachusetts General Hospital  
School of Nursing

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Your name

Class if MGHSN

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Please make check or money order for \$11.95 payable to H.G. Lee, Treasurer, and mail to Sylvia Perkins, 1 Rip Road, Hanover, N.H. 03755. The price quoted includes the cost of mailing. Since the book will be mailed from New Hampshire, there is no sales tax.

## In Memoriam

- 1916 Marguerite H. Eichler on June 15, 1975 at Harwichport  
1921 Helen Trott Horner on Sept. 3, 1975 in Acton  
1924 Winefred G. Wilson on May 20, 1975 in California  
1924 Helen Bubko Suplicki on June 21, 1975 in Norwich, Conn.  
1932 Rhoda Woodward Miner on June 20, 1975 in Long Beach, California  
1937 Clarissa Peters Allen on March 24, 1975 in Anchorage, Alaska  
1937 Margaret Mahoney Blood in California  
1937 Eleanor Thompson Whitney on June 2, 1975 in Boston  
1938 Irene Carr Quinn in August 1975 in Quincy
- 

## News... of the Classes

### 1933

Mary Wilson III  
4509 West Main St.  
Kalamazoo, Mich. 49007

Christmas is about the only time I hear from my MGH classmates. Retires on July 1st after 22 years of trying to help the kids in health and living as best they could. I had a Junior High School and an elementary for 17 years until I couldn't help but give up the teen agers, particularly when my older students of 1953 started sending their children to elementary. I still love the little ones.

After my husband died I needed to get busy. Our son was old enough to go to school so I had an opportunity to get the school

job. Our hours were the same most of the time. He finished Newark Academy and went on to Ohio Wesleyan. Married a fine girl and I have two dear little grand children, a boy and a girl.

I came here to Kalamazoo to spend my days in comfort and happiness. Volunteer for the blood bank quite often. There is so much to do that I'm as busy as I was at work but a different kind. I'd love to hear from some of my friends.

### 1934

#### September Section

Eva Belcher Chandler  
97 Eliot St.  
Ashland, Ma. 01721

Hopefully this news will reach

the Quarterly before the deadline. Due to many unforeseen circumstances including the terminal illness of my youngest sister, I never got around to sending any news for the last issue.

In May, also, the young grandson of MIRIAM HAIL COX was killed by an automobile as he was on his way home from school. Our sympathy goes out to Lindy and Gene and the Noe family.

A few months ago HENDRIKA VANDERSCHUUR had a mini-reunion with a superb luncheon at the Dover, N.H. home she shares with her sister Anne and brother-in-law Chet Curtis. Besides the hosts the others present were DOROTHY KENISTON CHAMPIGNY and her husband, Ray, from Concord, N.H.; BERTHA COSKIE PROCTOR and her son David from Wisconsin, and myself. It was a real fun day with a lot of reminiscing. Bertha had major surgery last winter but was looking great and had come East to attend the wedding of her son Allen.

My other news was taken from last year's Christmas cards that Ricky received last year.

MILDREN KERZICH WATSON retired from her State job and is now living in Florida and working part time in a local hospital.

FLORENCE SMITH MOORE still working and hoping for retirement in 1975.

ARLENE COOK ORR still busy and the proud grandmother of a little girl that was adopted by her son and his wife.

LOIS BEECH HACKETT had hoped to visit York, Me., this sum-

mer aboard her boat. Daughter Jill is a history teacher and son Gus is a lawyer.

MARY SMITH KIDD was still working as an I.V. nurse and not only has a 19 year old son but a 99 year old mother.

MARY DRISCOLL SMITH is well but her husband is very ill in the Veteran's Hospital.

I was very sorry to hear that ELEANOR LEE AHERN'S husband died suddenly last year. She is now living in New York with her daughter, Joanna.

As for me, I am still enjoying my retirement. However, I did go back to work for 8 weeks this summer. I returned to the Day Camp where I had previously been the nurse for 23 years. This summer though I was the Ass't Lower-Camp Director for 7 weeks, children from ages 3½ to 5½, and for the 8th week I was the nurse for the entire camp. Enjoyed it very much.

Have a good year and SEND NEWS.

**1937**

Susan Robins Groff  
14 Lucian Street  
Manchester, Conn. 06040

I was very pleased and pleasantly surprised to receive a lovely letter from CHARLOTTE FYHR LEWIS (September section). In the letter she told of a trip last May (1974), in which she and her husband, Jim, accompanied their oldest daughter, Karin, on a fantastic tour of Germany, France,

the Riviera, through the Swiss and French Alps, into Austria; then on up to Sweden, Norway and Denmark, down to Germany again for a day's cruise on the Rhine, followed by a week in Westphalia with the parents of a German girl who lived with Charlotte and Jim in 1973-74 while attending high school. They were gone six weeks, and this was a special treat for their daughter who had been in a severe automobile accident five years ago, and who has made a slow, but steady recovery. Their son Jimmie lives in Gottingen, Germany and teaches at the University; their middle daughter is a Social Worker for the city of Chicopee, and their youngest daughter is married and does special teaching in Springville, N.Y. Both Charlotte and Jim are very busy, with two acres of land a combined house and office. Charlotte says all and any classmates passing through Longmeadow are most welcome at 96 Williams St.

It has been a pleasure to be able to put some news into The Quarterly. Although it is only May at this writing, it is a very hot day, with the temperature in the 90's, a little too warm for this time of the year. By the time this gets into print, another Homecoming will be taking place, or about to be. Another two years, girls, and "40" will be the magic number. To paraphrase Carl Sandburg, "Time and Age have come in on little cat feet."

As for yours truly, time and age have slowed me down, but I manage to find plenty to keep me

busy. My volunteer work with "Break Through to the Aging" is rewarding, and hopefully the General Assembly has granted us the needed funds, though because of the state's austerity budget, we will have to take a smaller amount, which is better than losing the program altogether. The elderly people in this program need us, and the help we give them.

Do contribute some news, even three lines!

\* \* \* \*

We have been notified of the death of CLARISSA PETERS ALLEN on March 24, 1975 in Anchorage, Alaska where she had been a resident for 30 years. Mrs. Allen was a graduate of the University of Vermont and taught school for four years in Benson, Vt. After graduating from MGH she was an instructor at the Melrose Hospital for three years; and for the next three years was educational director at the Burbank Hospital School of Nursing in Fitchburg. In 1943, she married George E. Allen and at that time moved to Alaska.

It is with deep sorrow we report the death of ELEANOR THOMPSON WHITNEY on June 2, 1975.

(See In Tribute, p. 24)

## 1938

We have been notified of the death of IRENE CARR QUINN in August, 1975 in Quincy after a brief illness.

# MGH CAPS

Mrs. Florence Reed  
88 Whitman, Ave., Melrose, Mass.

4 for \$12.00 postpaid  
(Minimum of 4 Caps)

**Prices include postage for regular mail in the United States.**

*Please add \$1.00 for Air Mail.*

Mrs. Quinn was a graduate of Simmons College and was stationed in London during WWII with the Army Nurse Corp. She worked at Henry Street Settlement House in New York and was supervisor of visiting nurses in Meriden, Ct. Mrs. Quinn had been public health coordinator at New England Deaconess Hospital for several years and also school nurse in the Braintree School Dept. For the past 15 years she was an instructor at the Quincy City Hospital School of Nursing.

She is survived by her husband, Walter C. Quinn and two daughters, Holly and Maureen.

## 1951 September Section

Marion Decker Manes  
211 River View Lane  
Centerville, Mass. 02632

Hope you're all scheming to get

to our 25th reunion next September. If you're sure of coming, and need a motel reservation, please let me know. I think it would be fun to all stay in one place.

Sorry to have missed the last issue — the envelope was returned marked "insufficient address" or some such, by the postal service — I didn't have Blossom St. on it. How many MGH Nurses Alumnae offices can there be in Boston?

Have had a great summer, kind of a preview of a reunion, you might say. JANET STOCKS MOORE and Bill were in Boston on business, so Chuck and I met them; MARION KELLEHER EVANS and Rebel, and 2 other couples from M.I.T. days whom we all knew; at one of their houses for an evening of fun and frolic. It was much like student days, except for grey hair on some of the wives' heads, and no grey hair or any other kind on some of the



husbands'. We're hoping to do it again next year, if possible. J.B. said their children usually come up with the ideas for their amusing Christmas cards each year.

Two weeks later, GENEVIEVE RICE ROSENKRANTZ and Jim were visiting Gen's brother Arthur and wife who were vacationing her on the Cape in Chatham. So we spent one glorious day at the beach, and the next day they visited us at home. They hope to get back for the reunion next year. They both look great. Jim's a Pediatric surgeon in Cincinnati, and Gen and a friend were about to open the Bookshelf, a new store. Best of luck, Gen. Son Jim, 21, is going to U.C. Berkley; Karen, 20, is pre-med at Radcliffe, and Elsa, 19, is at Denver U.

Spoke to DORIS SEARS BATES, who's opening another school of Dental Hygiene, and planning on coming North for the Bicentennial. I tried to get her to postpone the trip until Sept. but she'll be involved with her school by then. Said she'd see what she could do, thought.

My brother and family were on leave from the Air Force in Japan, and spent the month of June at my father's; so yours truly fed about 9 people about every other night. Fun, but lots of confusion. It had been 4 years since my father had seen them, and it'll be 2 more before they'll get home again.

Golf continues to be the main interest here, although the girls are getting fed up with the subject. Neither one plays (they can out-drive both of us, when they try,

but they're self-conscious about it) and they both date excellent golfers. So when I have the boys for dinner, they have to listen to 4 tales of woe or success, sometimes 18 holes apiece! Maybe they'll take it up in self-defense, like I did! Haven't broken 100 yet, but did manage to win Flight A in the Oyster Harbors Ladies Golf Championship; lost at Hyannisport, though. Robin's about to become the proud owner of a Honda Civic car, so I'll have only Betsy to fight for my car. Robin's going to Cape Cod Community College this year, and Betsy hopes to enter Nursing next year, if she can find a 4 year course she likes. The way Nursing is changing, who knows what it'll be like by next Sept.

If anyone has any ideas about the reunion, or class gift, please call — my number is 617-775-0767, and I promise I'll talk fast and listen hard. Also, does anyone know the whereabouts of the following missing persons: ALICE ADAMS SOUTHWORTH, JANET CONNOLLY SYLVERSTER, ROBERTA DODD COL VIN, CLAIRE FARRELL MORAN, JEANINE JACQUES LEE, HELEN JAZWINSKI GALVIN, PATRICIA MacINNIS GRAHAM, JOAN PERRAULT BEERS, VIRGINIA PIEROBELLO SABIN, ANA or ERNESTINE SKOOG, JOHANNA STRAUSS BILLUNG-MEYER, PEGGY TOBIN SWISS? If so, send the address post-hast — let's try for 100% attendance at our 25th! See you there!

Helena McDonough  
103 Sciarappa St.  
Cambridge 02141

There is always so little coming in from our class I know you are all out there pursuing all kinds of activities from degrees and professional achievements, to little tykes.

Since our 10th reunion is a year away, it gives us time to coordinate and plan a grand get together for Homecoming 1976. A nice time to renew acquaintance with Bicentennial Boston too. The city is really spiffy for the Nation's birthday - might really be worth the trip! I'm living in Boston and will be happy to work with anyone/everyone who might be interested. Please write with suggestions and ideas. Perhaps those of us close to Boston could put up the out of staters. My home phone is 492-5138 and at work 253-1314.

Now for news (old) about our class. MARY ANN McNIFF is working as a visiting nurse in Alaska. She seems to thrive in the autonomy of a situation in which she is medical resource for Indians and Eskimos. She might enjoy a note, the address is Aleutian Chain Health Center, Cold Bay, Alaska.

MARY ANN MILANI continues to work sporadically in the MGH-EW while pursuing a degree at Univ. of Mass. ANN McNEELY FITZMAURICE has moved back to Philadelphia after a year of Ob-Gyn at Bellview in NYC.

ELLEN McLEOD FLAHERTY

is married with to small sons living in Chapel Hill, N.C. while Richard finishes his degree. THOR PYRE DANIELS has two sons and the family is living in Franklin raising St. Bernards as show dogs. Thor is working as evening supervisor at Longwood Hospital.

I finished my BS at Boston College and went to Yale for a Masters. In March I took and passed the American College of Nurse Midwives Certification Exam. In Massachusetts my legality is contested. Recent legislation to allow Nurse Midwives to delivery babies was vetoed by the Mass. Legislature. So I'm currently functioning as a Clinical Specialist in Ob-Gyn giving routine pelvic exams, contraception, Ob care and monitoring women in labor. I'm hoping to get visibility in Mass. and agitate for legal reform.

In June I married Douglas Fuller since his academic pursuit of a PhD-MD will take eons. We will reside in Boston indefinitely which is most agreeable with us.

## 1967

Claire Stone Steward  
29 Bus Road  
Salem, N.H. 03079

SUSAN FOLEY wrote to say she received her M.S. in Community Health Nursing in August from the Univ. of Colorado. ANDREA CONNOR also received her M.S. from the same university, in Maternal Child Nursing. Andrea was also married this past Spring.

GAIL COOK BETTUCHY and

husband, Albert, became proud parents of a daughter in October 1974. Gail is temporarily retired after teaching Obs nursing for four years at N.E. Baptist Hospital.

BARBARA TEIXEIRA was married on Jan. 5, 1975 to Bruce Goral, a graduate student in Business at B.U. She has not changed her name — so people can still find her. Barbara was due to graduate from B.U. in July with a masters in Community Health Nursing and was looking for a faculty position. She had applied for admission into the doctoral program at the School of Education at B.U. Barbara said her life is full, rich and she is gloriously happy. Bruce and Barbara are busy playing tennis and taking intensive Spanish lessons at the School of Berlitz. She has also written an article for publication and had submitted it to the AJN for consideration. She works occasionally doing private duty.

Barbara had hear from KATHLEEN FLANIGAN FORD after 5 years. Kathy and husband, Bill, live in Westboro with three children. Kathy said that KATHLEEN HOWARD was due back from California in August to get married.

## 1969

NOREEN DRENZYK has been living in Oregon for 3 years and works in the Recovery Room at Good Samaritan Hospital. She finds the country beautiful and has tavelled a lot throughout the state.

CELINE POIRIER MANI is working evenings on Burnham. She and Paul live in Brookline; Paul is a teacher in Boston. KATHRYN PAZOLA is teaching Pediatrics at MGH School of Nursing. She received her B.S. from Boston College and her Masters in Maternal-Child Health from B.U.

ROBERTA DUPLISEA bought a house in Maine and is working in the Emergency Room at Thayer Hospital. She received her B.S. from Boston College before moving to Maine.

ANN BURRELL TURBYNE lives in Waterville, Maine with her husband, John. They are expecting their first child in November. Ann had been head nurse in a Med-Surgical floor at Thayer Hospital before resigning.

## 1971

Patricia Sullivan Smith  
3301 N. County Rd., Apt. 249  
Plymouth, Minn. 55427

After spending 2 years in the ANC in Atlanta, Ga. with ELVI WENTWORTH, I returned to Boston with my fiance. I spent the next 1½ years at B.L.I. working in the Special Care Nursery working as head nurse on evenings. David Smith and I were married May 25, 1974 and we moved to Minneapolis in April 1975. David was a captain in the ANC and is now preparing for a 2 year course in anesthesia at St. Paul Ramsey Hospital in Sept.

Elvi was married to Richard Simms on Sept. 7, 1974 and is

presently going to school in Rhode Island. Richard is a layer in Pawtucket.

## 1972

Paula O'Brien Connors  
1910 Arrowhead Dr.  
Bremerton, Wash. 98310

Charlie and I were transferred to the Northwest the beginning of August and really enjoy the area and seeing another part of the country. I hated to leave San Diego and the hospital where I was working. I learned so much in that Burn Unit and met many, many friends (including my supervisor who was an MGH'er — Ms Mary Melledy). I hope to go back to work after we get settled here. We hope our next duty station is a little closer East. I miss all my friends and really miss New England.

## 1974

DEBORAH MacKAY was married to Charles Swanbery on Dec. 7, 1974. Debbie is working at the Beverly Hospital and Butch works at the Beverly Post Office. They live at 556 Cabot St., Beverly, 01915.

SANDRA COY and Stephan proudly announce the birth of Abigail Elizabeth on July 3, 1975.

DEBORAH HEWITT is working in ICU at St. Vincent's Hospital in Santa Fe. Her address is 1022 Santa Clara Dr., Santa Fe, New Mexico, 87501.

LESLIE HAGENSTEIN is working in the newborn ICU at the Univ. of Colorado Medical Center and is glad that her State boards are over. Leslie is living at 1151 Colorado Blvd., Denver, Colo. 80206.

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Mail orders will be filled. There is an additional cost of \$3.75 for postage, insurance and handling. Make checks payable to MGH, Alumnae Association.





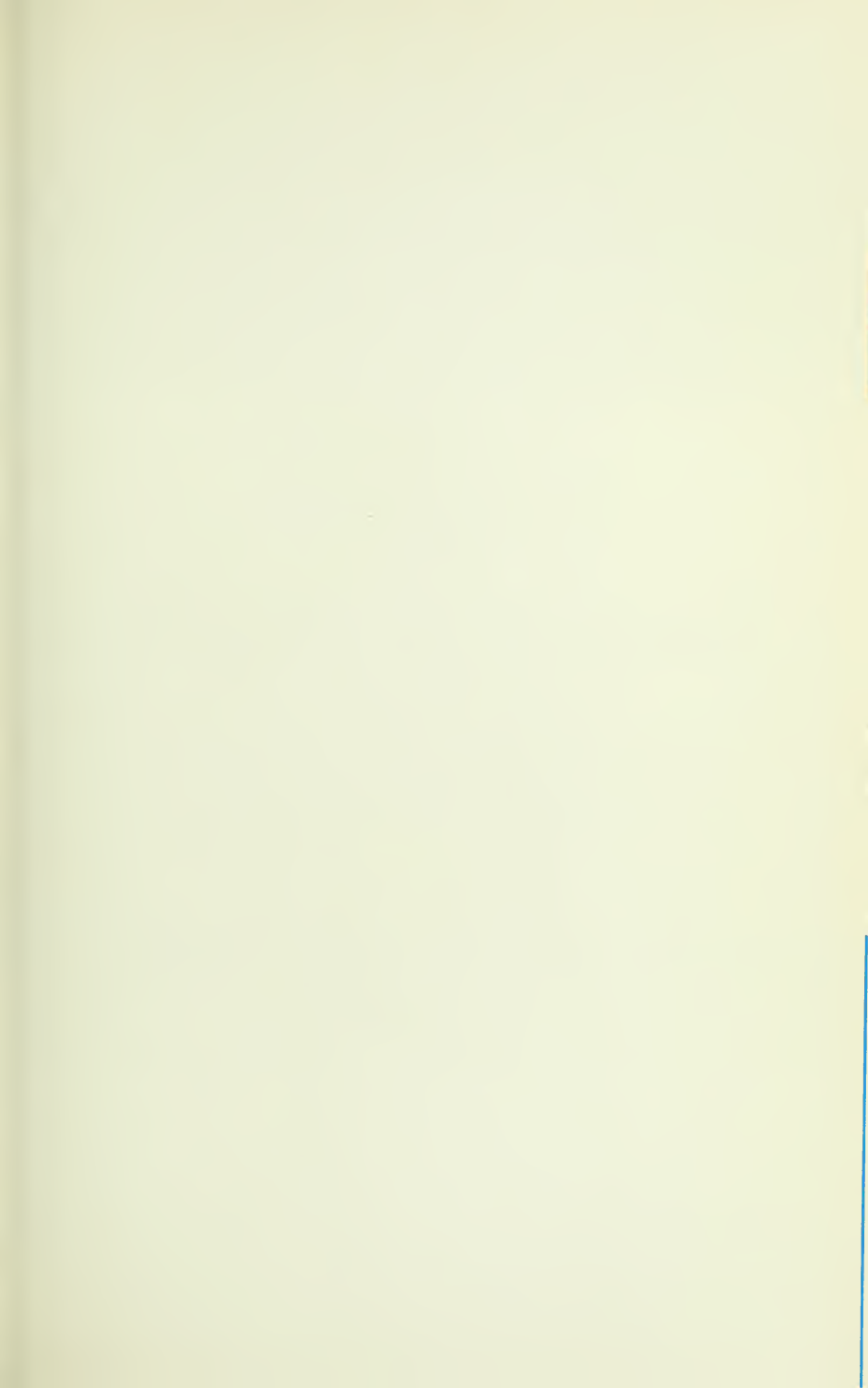
# CLASS NEWS

SECTION AND YEAR OF GRADUATION

NAME

STREET ADDRESS

CITY, STATE, ZIP CODE



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MAR 25 1976

THE  
*Quarterly Record*

OF THE

MASSACHUSETTS GENERAL HOSPITAL  
NURSES ALUMNAE ASSOCIATION, INC.

*Winter, 1975*





THE  
*Quarterly Record*

OF THE  
MASSACHUSETTS GENERAL HOSPITAL  
NURSES ALUMNAE ASSOCIATION, INC.

This Magazine is Published in the Spring, Summer, Fall and Winter

## 1976 Meetings

Save the following dates:

April 10 — Spring  
Meeting

(Continuing Ed. credits to  
be granted)

September 25 — Homecoming  
and Annual Meeting

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### ALUMNAE OFFICE HOURS:

Tuesday & Wednesday, 9:00 a.m.-300 p.m.

Telephone: 726-3144

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### WHERE TO WRITE

Contributions to the Loan Fund and Requests for Loans: MISS ELEANOR BAUER, c/o Alumnae Office. Make checks payable to the Annabella McCrae Loan Fund.

When Someone is ill: Alumnae Secretary, Bartlett Hall, 34 Blossom St., Boston, Mass. 02114.

Sick Relief Application and Dues: MISS MIRIAM HUGGARD, Phillips House, Massachusetts General Hospital, Boston, Mass. 02114.

Requests for Membership, Alumnae Dues, Changes of Address and General Information: MRS. EVELYN LAWLOR, Alumnae Secretary, Bartlett Hall, 34 Blossom St. Boston Mass. 02114.

# THE QUARTERLY RECORD

OF THE  
MASSACHUSETTS GENERAL HOSPITAL NURSES  
ALUMNAE ASSOCIATION, INC.

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Vol. LXV	Winter 1975	No. 3
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## QUARTERLY COMMITTEE

Editor .....	Madalene Brown Calogiro
	11 Vanness Rd., N. Weymouth, Mass. 02191
Chairman .....	Judith Harding Dougherty

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*Subscription to the Magazine is included in the dues of the members of the Association*

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All communications for insertion in the *QUARTERLY* can to be sent to the  
OFFICE OF THE ALUMNAE SECRETARY or directly to the EDITOR

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Memo to contributors. Material should be sent not later than March  
1st, for the Spring *QUARTERLY*; June 1st, for the Summer issue;  
Sept. 1st for the Fall issue; and Dec. 1st for the Winter issue.

## ADULT NURSE PRACTITIONER

Jean E. Steel, R.N., MSN

Private Practice, Adult Nurse Practitioner  
Clinical Instructor, Boston State College

*The following is the second of three papers presented at Homecoming. The theme of the panel presentation was "You - The Nurse - And Life Cycle." We regret that the other two papers have not become available for printing. They discussed the role of the Pediatric Nurse Practitioner and the Geriatric Nurse Specialist.*

I would like to describe to you the kind of family practice I have been involved with for the past few years. I share a joint practice with a doctor of medicine. This relationship has gradually developed over the past years into what I believe is now one of the most exciting, intricate and potential models for the future delivery of health care. I would like to describe it to you and then share with you some of the issues and problems it raises.

Some years ago, I met my partner in the community of Roxbury, where we were both providing family health care, each with different employers. I was impressed by his care, knowledge and interest in patients and families, particularly older members of these families. Several years elapsed before I was to meet him again, but this happened toward the end of my part-time nurse practitioner program. He seemed interested in developing a joint partnership on a private basis and allowing me to develop my nursing practice. He had a small part-time medical practice at Harvard Square, Cambridge which became our joint office. I soon learned how grateful I was to the nurses who had worked with him through the years as he had a sophisticated, knowledgable philosophy of the contribution which nursing can make in caring for patients and families. We have developed this philosophy further and clearly; I have now gained a greater respect for the contributions that medicine can make to the health care team. We have taken risks, developed professional trust, and I believe, have improved the quality of care we offer to patients and families.

In the beginning, we discussed the payment arrangement. Two options seemed possible; that of my collecting a fee directly from the patient and paying the physician for rent and overhead or a straight per diem salary. I decided that the first year would be better for me on a salary arrangement as I was not at all certain that I could survive. He added that since I was not a "kept woman", it seemed the wiser choice. This did mean, however, that whenever I was out of the office, sick, on vacation, celebrating a holiday, attending a meeting, I did not receive income. I received an income only when I was directly caring for patients.

Initially, I saw patients on referral from him. To say the least, it helped that he understood what nursing could do for patients or I would have been very unproductive and unhappy. I participated in areas of history taking,

physical examinations, teaching, counseling, discharge planning and general traditional nursing. Within several months, the patients I saw were being referred to me by other patients, other health care providers (mainly doctors) and a most well-informed secretary. When a patient is new to our practice, our secretary offers the patient a choice of provider, usually with some description of ability, availability and variety. There are probably as many patients that choose him as me. Their criteria for choice is often tradition, sex, age, length of time in health care, memory and even hearsay.

After a few months had past, our original office arrangement was inadequate. Initially, each used the office when the other person was not there with only occasional overlaps, for conferences and planning. After several months, it became clear that my practice was more than just part time. We moved to a new office building. With this move, an announcement of our joint practice was sent out to all our patients and colleagues in the area. Although we share a secretary and waiting room, each of us have the privacy of a consulting and examining room. The physical arrangement has fostered the growth of independent practice but with a strong joint collaborative relationship.

The population of patients we serve are middle to upper income, many professionals, business women and men, and educators. In my own panel of patients, the majority tend to be young and feminine but by no means exclusive of elderly, males and poor. In addition, other characteristics have included groups of Christian Scientists, Mormons, newly weds, homosexuals, late adolescents, middle aged housewives and the lonely elderly.

In my practice, I apply the nursing process through initial and periodic assessments, identification and treatment of acute and chronic disease, maintenance of patients who are in a chronic state of disease, triage, and follow-up. The more familiar nursing responsibilities of teaching counseling, comforting, rehabilitating, are incorporated into my whole practice. It would be difficult for me to identify between the new and old skills and functions and just exactly where they were learned.

We have jointly established protocols for the management of disease which includes nursing and medical action to be taken. At times, it is important for each of us to become involved in the families care. This usually occurs when we encounter a problem which the other provider can help to solve. In some situations, we have decided to continue joint care, usually because the patient or family needs a little of something from each of our specialties. At other times, we care for the family in a solo fashion, using each other as consultants when necessary. We have frequent consultations together, from the very specific to the broad general philosophical issues. Additionally, we have each tapped outside resources for improving of patient care. My partner assumes responsibility for the medical care rendered in our joint practice.

I felt it important that I maintain a peer review system so I purchased time and expertise from two nursing consultants. They have reviewed a random sample of patients records, examining and evaluating the patient care needed



and delivered; they do this on a monthly basis. The primary goal for this peer review was to guarantee my patients (through me) quality nursing care. Secondly, the two nurses offered me new information, a review of past and current information, a discussion of expanding practice in general and supportive encouragement (a very important ingredient when practicing on a private basis). In one instance, I also purchased psychiatric nursing care supervision on a weekly basis for one specific patient care situation.

The charges for patient care are determined by each of us as we render care. We have the same fee schedule but use our time differently with patients so may charge differently, dependent upon the time spent. Neither of us have very many complaints about our fees so we feel that we probably aren't charging enough! If a patient needs both of us on the same visit, we jointly arrange a suitable fee, feeling it unreasonable for the patient to pay twice.

Throughout all of this care, we have served the needs of families of patients. Often times, the "family" was a rest home, other members of a monastery, a partner of the opposite sex, relatives, etc. Most importantly of all, we have tried to listen carefully to the patient as to whom he considers his family. It is a well known fact that one cannot take care of patients in isolation of their family or community. Additionally, we have continued to follow the patient as he goes into different places for his care. When a patient is admitted to the hospital, I will continue to follow the patient, hopefully, giving the hospital nursing staff data which will maintain the quality of nursing understanding and assistance that the patient will need. When he then goes onto another facility, I may participate in the discharge negotiations and continue to follow the patient in the nursing home. Once he no longer needs the nursing home, it may then be important to help his family arrange his reentry into the community. It has been a distinct pleasure to work as hard at getting a patient out of a nursing home as it is to get him in!

Evaluation of our services comes from our patients. The patients response to my role and our joint practice arrangement has been quite humbling, both verbal and written.

I would now like to discuss with you some of the issues and problems of practice which I have discovered from my own experience, from review of literature and in discussion with other practitioners in expanded practices.

The role change which occurs is worthy of note. If one remembers that the expanded practice of nursing was not intended to change the nature of nursing but rather the scope of practice, then this places the role change into a manageable perspective. This "change" does not signal that there is a complete abandonment of previously learned and practiced skills in nursing. Rather, these new skills are integrated into the previous base of nursing practice. In order to accomplish this, one must have a strong nursing identity and a clear understanding of the contribution of nursing care to a person in need of health care. To play the old game of "defining nursing" becomes very important. In my practice, I have been called upon to define nursing almost every day. Florence Nightengale called it "nursing, for want of a better

name". She proceeded to describe nursing in what many believe today, to have been the beginning of the so-called practitioner movement.

Many members of the health care team, including nurses, look at the expanded practice as simply the adding of functions. Specifically, if one can do the physical exam, take a history, and use an otoscope, one is declared a practitioner. I say **NO** in loud terms. These new functions do not create the new role. No function is a role. Rather, role has responsibilities and functions are derived from responsibilities. Therefore, in expanded practice, it is wiser in my opinion to think of a redefinition of responsibilities. Some might say, "more of the same old thing". From my perspective, it is not the same old thing. What makes it different?

With my new skills and knowledge, and integrated with the old ones, I have a larger decision-making base on which to implement the patient care process. Additionally, I have adopted an international system of recording my data which is commonly understood by providers of all types on the health care team. With all of this, I also assume greater accountability to the patients and families that I serve. Hopefully, too, I know more about my patients quicker and can intervene in an appropriate manner.

Another change which I believe to be occurring is the image of the nursing hierarchy. The "becoming" of a nurse into expanded practice facilitates a new career development, which clearly affects nurses at all levels. It may be that the old promotional pattern of staff nurse, to head nurse, to supervisor, to director is not appropriate for today's delivery. I believe that there is now a new emphasis on career choices, each with an important function but with different responsibilities. For example, it may no longer be possible to switch roles between administrators and practitioners, even on a limited basis. Likewise, the practitioner may not be able to take administrative responsibilities as part of her function. Instead I would suggest that there need to be developed a set of rules called "collaborative colleague". A system where many nurses with many different skills (administration, practice, education), collaborate on an equal basis in planning and implementing patient care — a colleague. Nursing probably cannot continue to maintain its traditional Xmas tree vertical relationships. Because of the massive knowledge explosion in the past ten to twenty years, nurses will need to flexibly examine their practice to guarantee currency, develop decentralized decision-making powers and collaboratively share the outcomes. It may be time to look at the need for equality of practitioner and administrator; equality in pay, rank, responsibility, future, etc. The reward for nursing competency must no longer be longevity and loyalty. It needs to become acceptable to practice nursing, as evidence of leadership.

One of the next issues which needs examination is that of collaborative practice. I believe it is dangerous for nurses to establish independent practices, just as I believe it is no longer appropriate for medicine to be in private solo practice. A male sociologist, in describing nurse practitioner, recently stated it had become like "setting up your own candy shop". Our

patients need more than just one discipline to meet their needs. The concept of solo practice may well foster the familiar pattern of "being all things to all people". We don't need this anymore. Our consumers have told us so. We not only need collaborative practice but collaborative education. Why aren't medical and nursing schools in the same location, learning together? Is it realistic to think of our actually collaboratively practicing together upon expulsion from school if we have not had the opportunity to learn each others competencies, roles and areas of expertise?

The need for collaborative practice should also indicate nursing peer collaboration as well. Who are our peers in expanded practice? How do we find and then use each other for this collegueship?

Clearly, one of the disadvantages for private practice has been the isolation from other nurses, established systems of health care and familiar employer-employee unions. With this isolation, one becomes acutely aware of the territorial boundaries which exist subtly or rather blatantly in some small and large systems. It is imperative that established nursing create an atmosphere of collaboration in the delivery of patient care. This input may come from many sources, including the outside practitioner. The need to develop responsible, meaningful courtesy appointments to nursing staffs is of utmost urgency if these territories are to be disturbed. We may need to model medicine in hospital visiting privileges.

I believe that nursing in the expanded role need not increase the cost of health care that the consumer must pay. It is possible for nursing to be cost effective. If one were to justify the expanded practice on cost alone, the criterion for this measure must be carefully and creatively designed by nursing. There has been a nationwide temptation for nurses to be evaluated as "good" or "bad" in comparison to medicine. To use the medical model negates the contribution nursing makes to patient care and implies that nurses are less cost effective than doctors or that nurses provide medical care. It is important that nurses develop a new set of values for measuring all components of health care. We must stop comparing the numbers of patients seen by doctors and nurses in a given period of time. The cost of nursing and the length of time it takes to nurse are two very different issues when compared with other disciplines. To measure the effectiveness of patient care, one must consider the patient's needs, and secondly, who can best meet these needs. Nursing must not act only by default and take on responsibility for patient care because someone else doesn't want to give it. The day must dawn when we develop patient care plans (not nursing care plans), patient care orders (not doctors orders), patient diagnosis (not nursing diagnosis) and patient goals (not professional goals). When this is reached, I believe we can truly account for cost effectiveness of each discipline.

The last issue which I wish to raise with you is the whole area of patient accountability. In the expanded practice, I believe we adopt a new set of measures for that responsibility. I believe we are less directly accountable to employers and have more absolute accountability to the patients we serve.

This undoubtedly will stress the minds of nursing administrators who have honestly and thoughtfully aligned employees in meeting the goals of the institution or agency. It takes continued flexed muscles for contemporary nursing administrators to remember that their very being is for the good of patient care and not the accreditation of the Hospital Association or the League or the Health Department. This allegiance that the practitioner feels is not to be erased or suppressed but rather it needs support, development and a commitment from nursing administration to implement newer schemes for *helping* make this work. If one were to ask any nurse, no matter her position title, *what* she worked for, she would undoubtedly answer, "better patient care". If you were to ask her *who* she worked for, I hope she would say "the patient".

In summary, I have described my expanded practice of nursing as it works in a collaborative joint arrangement with medicine. I have raised issues of change, hierarchy, cost effectiveness, accountability, and collaboration which I feel must be considered in developing this kind of nursing practice. There is more data available and issues worth development in other areas which I have not been able to include.

It is my hope that the next time you hear of nurses in expanded practice, you will think that the nature of their nursing and the process which they use has not been altered but rather that the expanded practice is part of the evolution of contemporary nursing.

## Centennial Cup and Saucer Available

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## CLINICAL SPECIALISTS IN THE COMMUNITY HOSPITAL

Gail O'Sullivan Mazzoco, R.N., MSN

Class 1963

*Thank you, Gail, for your response to our request for articles related to nursing. A similar article by Gail was published in the Maryland Nurses' Bulletin.*

During the last ten years, nursing practice, as a reflection of the social order, has undergone a series of dramatic changes. The role of each member of the health team has shifted, and altered perspectives have resulted in new nursing positions. The Clinical Specialist is one such position. A nurse with preparation at the Master's level who defines her responsibilities as including direct patient care, nursing consultation, patient and staff education, innovation, and research, fits the role as it is presently described.

The introduction and incorporation of the Clinical Specialist into a traditionally organized Department of Nursing Service requires flexibility on the part of all nursing staff members. In February, 1974, I began work at Sacred Heart Hospital, Cumberland, Maryland, a 247-bed community hospital, as a Medical-Surgical Clinical Specialist. The position was a new one for both the institution and for me. During the past twelve months, certain stable positional characteristics have emerged which may be

helpful to others faced with a similar transition.

Direct nursing care is a central focus for any Clinical Specialist, but in my case, it is given with a specific purpose. Such care is delivered in association with the unit staff and falls into one of three categories: care given to assist staff in developing a skill which is essential to a patient's immediate care (suctioning, positioning, etc.); care given to assist with, evaluate, or control present patient teaching programs; and care involving skills about which the staff feels insecure and which requires time to develop (counseling). During the past nine months, I have seen and cared for 62 patients who fall into one or more of the above categories. Separate from, but affecting direct patient care, are nursing consultative services. Frequently, staff members will request assistance in planning or implementing care for a particular patient. I may then either make a suggestion on the basis of the problem statement or see the patient myself and make a written recommendation. Since consultation of this type occurs daily and informally, it is difficult to measure both short-and long-term effect. As an adjunct to the improvement of patient care, I assisted in the de-



velopment of Quality Assurance Programs in the area of pre-and post-operative care, cholecystectomy, and pneumonia.

A second focus for activity has been patient teaching programs. Staff members on a variety of units have been interested and involved in the development of these programs. While I coordinated and assisted in the development of three plans, credit for their completion belongs to the staff. A CVA Teaching Program, complete with a 20-page teaching pamphlet was developed by our rehabilitation staff and was implemented during 1975. The staff of the Coronary Care Stepdown Area completely revised the MI Teaching Program and is presently using a new form. A Diabetic Teaching Program has been developed on the appropriate unit. In order to enhance the quality of patient care, I developed and presented a series of five inservice programs on the diabetic patient as well as a group of six programs on respiratory care. In both cases, the earlier theoretical information will be followed by skill training. We are currently developing a procedure list and check sheet for each staff member to assure that he or she has needed skills.

I have presented, as well, a variety of other inservice programs and team conferences, as requested by individual units.

Finally, nursing rounds are a major method for sharing educational information. Each week I spend one hour seeing patients with the supervisor, head nurse, and

team leader of each of the medical-surgical units. Rounds have a number of purposes: evaluation of quality of care delivered, development of nursing interview and assessment skills, modification of nursing care plans and the development of a nursing role which views the aforementioned skills as essential. Although they are time consuming, nursing rounds have the potential to enhance nursing care measurably.

The major innovation during the year has been the development of a nursing history form composed of a patient questionnaire and physical assessment. Individual staff members were oriented to the form in small groups through demonstration and practice.

No research has been completed this year. I have developed a check list for the assessment of learning readiness, but have not used it on a sample population. Another area ripe for study relates to the impact of the Clinical Specialist in the community hospital. Unfortunately, such projects are extremely time consuming and are ignored for frequently overwhelming patient care demands.

True acceptance of both the Clinical Specialist position and the individual occupying the position depends upon a number of variables other than education and skill. Administrative understanding and support are essential to appropriate functioning and have been ever-present. Acceptance by the medical staff, has as well, eased a potentially bumpy road. Finally, the ability of all members of the nursing staff

to cope with and frequently embrace change has been extraordinary.

Clearly, under the correct set of circumstances, a community hospital can introduce a new position into its nursing structure in a way which brings rewards to both the Clinical Specialist and to its nursing staff. It is that set of circumstances which require more careful investigation if past mistakes are to be avoided.

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## One Roof, a Broad Spectrum of Services

*(For those who could not get back to MGH this year for Homecoming, we thought the following article might be interesting. The article was published in the MGH News in April 1975. The Cox Building is on the corner of Charles and Blossom (formerly Allen) Street where Thayer once stood. Ed.)*

Scheduled for dedication on May 11, 1975, the MGH Cox Center will phase into operation just in time to alleviate a crushing demand on the hospital's radiation medicine services.

In the three years the building has been under construction, the hospital has found it increasingly difficult to provide radiotherapy for its cancer patients.

One of the five new radiotherapy devices of various types has

already been installed in the building's basement. The other four will take their places there later in the year.

As recognized by the state when it issued the Certificate of Need for construction of the \$16-million center, the structure will fill a broad spectrum of patient requirements without including any beds.

"The building is intended," said Dr. Howard Ulfelder, MGH Deputy to the General Director of Cancer Affairs, "to offer patients, having cancer, an efficient, attractive, and emotionally acceptable access to whatever is necessary for best management and which can be delivered on an ambulatory basis."

By placing a bulk of its cancer specialists under the Cox Center's one roof, the MGH will facilitate as soon as possible the best treatment for each patient by specialists functioning as a team. Since the new building is connected by corridors to the main MGH complex, patients will have easy access to any care needed for noncancer-related problems.

Whether inpatients or outpatients, everyone coming to the Center will receive personalized attention. For all patients, both private and clinic, the facility will follow the same procedures and offer the same physicians.

John E. Lawrence, Chairman of the Board of Trustees, and Dr. Charles A. Sanders, General Director, expressed the hope that the building will become a visible reminder that prompt diagnosis of cancer usually leads to a cure.

The structure itself is architec-

**Massachusetts General Hospital**

**ALUMNAE DIRECTORY**

**Classes of 1974 & 1975**



# ALUMNAE DIRECTORY

## Class of 1974

Abel Susan  
Ackles Denise E  
Ackles Donna E  
Ames Denise A  
Anderson Ida L  
Arbaczawski Sheila  
Arone Jean  
Beck Clare Irene  
Bergeron Carol A  
Blaisdell Susan  
Bliss Helen J  
Bozetarnik Marcia  
Broidrick Elise  
Buckley Deborah F  
Burke Julia  
Burm Helene M  
Byrnes Eileen  
Caggiano Janice  
Charbonneau Gail  
Compagnone Elizabeth  
Comstock Janis A  
Crisafulli Donna  
Demonthenes Ann  
deRham Elizabeth  
DiRenzo Barbara  
Doyle Denise  
Driscoll Carlene  
Dunn Kathleen  
Evans Christine  
Fallon Joyce  
Faxon Nancy Ann  
Ferragamo Maryanne  
Galla Tina  
Gedaminsky Mary  
Goosens Mary Ann  
Greenlaw Sheila D  
Higginbotham Heather  
Hoglund Joan  
Howland Deborah  
Hughes Rita  
Johnson Ellen  
Keating Martha  
Keating Maureen  
Keltgen Debra  
Kennedy Katherine  
LaBarre Donna  
Lampesis Carole A  
Leonard Carol Anne  
McAuley Catherine  
McDermott Denise  
(Mrs Brian O'Connor)  
McDermott Jacqueline

McDonough Anne  
MacKay Deborah  
(Mrs Charles Swanberg)  
Mahoney Judith  
Mahoney Nancy  
Marr Marybeth  
Marshall Sylvia  
Masciulli Jo Frances  
Mercaitis Paul  
Middleton Carla  
Mills Jacqueline  
Mitchell Sara A (Mrs)  
Moore Janet (Mrs)  
Mulkern Mary Ann  
Nickerson Anne  
O'Brien Paula  
Orrick Margaret H  
O'Shea Margaret  
(Mrs Arnold Anderson)  
Orpin Deborah  
Page Jane  
Pedretti Joanne  
Peloguin Richard  
Pepe Janet  
Pytko Linda  
Random Lorene  
Rapp Elna  
Rasmussen Karen  
Reynolds Kathleen Anne  
Rode Lorna  
Romasco Eleanor  
Roncary Christine  
Ruhr Jane  
Ryan Virginia  
Sacco Deborah  
Santerre Celeste  
Sceery Elizabeth  
Schnopp Margaret  
Shirley Martha  
Sicuso Donna  
Sjostrom Wendy  
Stanton Linda  
Swan Diane  
Sweeney Claire  
Tobin Teresa  
Turner Nancy LaVerne  
Vater Janet S  
Ventola Cheryl  
Weber Sharon  
Wiegand Jean  
Yuscavitch Emilie

# Class of 1975

Adams Ida Jane  
Anyzeski Mary  
Ayotte Susan Mary  
Barry Rita Kathleen  
Beaulieu Maureen Theresa  
Bergwell Paula Sue  
Beucker Heidi Louise  
Biggio Robin Ann  
Binks Phyllis Elaine  
Bowes Claire F  
Breed Judy  
Brotherton Monica Anne  
Brouse Virginia Annette  
Bugbee Barbara Jean  
Cahill Patricia  
Cohen Laura  
Corderman Ellen Marie  
Cotton Bonnie Lee  
Coy Sandra L  
Crawford Jane Stolecki  
Crowley Donna Marie  
Davin Diane Marie  
Dolan Catherine Ann  
DuBois Michele  
Duncliffe Christine  
Eastman Marianne  
Elwell Roberta Johns  
Eyre Jane Elizabeth  
Farrell Paula  
Fischer Mary Anne  
Forsberg Christine  
Frampton Judith  
Fuce Deborah Ann  
Grodzins Carol J  
Grote Linda Jane  
Haertel J Lynn  
Hagenstein Leslie Jean  
Haley Evelyn Ruth  
Hannon Diana  
Hatem Ann  
Hellman Barbara D  
Hewitt Deborah Jean  
Hobica Zaina Norma  
Hurxthal Katherine  
Ippolito Pamela  
Izen Felice Robin  
Kaminski Paula Jean  
Kenzerski Christine  
Lagasse Karen

LaMontagne Anne  
Lanzoni Joan Marie  
Leskiewicz Carol Ann  
Lynch Mary M  
MacDonald Lori Ann  
Maloney Kathleen  
Marshall Georgia  
Mawn Barbara  
McAuley Anne  
Melia Maureen  
Mellon Karen  
Merigan Deborah Thayer  
Metafora Donna Cornish  
Murray Donna Marie  
Nelson Judith Jaye  
Nelson Margaret  
Nickerson Donna  
O'Hara Barbara  
O'Keefe Karen Elizabeth  
O'Leary Lorene  
Opuda Anna C  
Pearson Mary Jane  
Pearlingiero Jean Ann  
Perry Rebecca  
Quealey Diedre  
Rietsema Annelieke  
Rockefeller Judith A  
Rogers Judith Lee  
Rosenblum Peggy Russell  
Ryerson Maria D  
Schulz Barbara J  
Sersig Nan  
Sharaf Rhonna J  
Sheehan Mary Anne  
Smith Robyn  
Stetkar June Fallon  
Stokes Debra A  
Sulliva Jo-Anne A  
Sullivan Maureen  
Torti Linda D  
Trent Kristin Marie  
Varadian Sandra  
Varney Debra Ann  
Verb Ann Marie  
Vescera Carol  
Woffenden Faye Jean  
Wotherspoon Diane  
Wood Elizabeth





turally somewhat unusual. Since pillars replace interior walls in supporting the building, inside walls are easily moved. The outside walls come in modular sections. These can be interchangeably glass, louvers, or plain sliding depending on the new cancer roles that may develop in the years to come.

The Center's first three floors will house radiotherapists, medical and surgical oncologists (tumor specialists), nurses, and ancillary personnel. While there will be no operating rooms, surgeons can use numerous examining rooms to see their patients. These floors will also include waiting areas, offices, and a teaching amphitheater.

Cancer research will play a major role in some of the laboratories that will occupy the remainder of the building.

Among the studies will be extensive investigations under Dr. Herman D. Suit, Chief of the MGH Radiation Medicine Service. One floor of the building will house 13,000 special research mice.

Respiratory therapists and radiation physicists will also occupy space.

Although many floors of the Cox Center are not scheduled to be open at the time of dedication they are expected to open later in the year.

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## In Memoriam

- 1910 Catherine Carleton on November 10, 1975 in Falmouth
  - 1919 Eleanor Harris Carr on October 24, 1975 in Scarborough, Ontario
  - 1925 Margaret Gavin on October 17, 1975 in Parrsboro, Nova Scotia
  - 1925 Helen Bogart deRochemont on August 15, 1975 in Hunterdon, N.J.
  - 1926 Ruth E. Smith in October 1975
  - 1931 Helen Clark Towner on August 8, 1975 in Branford
  - 1936 Joan Dolan McCluskey on September 13, 1975 in Arlington
  - 1945 Virginia Ross Hartwell in November 1975 in Boston
-

# News... of the Classes

1910

With deep sorrow we report the death of CATHERINE CARLETON on November 10, 1975 at the Falmouth Hospital after a short illness. During World War I Miss Carleton served with the MGH Hospital Unit at Bordeaux, France. She was a head nurse at the Phillips House for 30 years and retired in 1952.

1915

We wish to thank OLGA OLSEN ROBINSON for her letter telling us of the death of CATHERINE CARLETON (1910) and a Bordeaux Belle. Mrs. Robinson has been trying to locate Ruth Williams, a graduate of Holyoke Hospital and a member of Base Hospital #6 and a Bordeaux Belle. MILDRED BANTA another one of this special group of ladies is living in a nursing home at 103 Pleasant Valley Way, West Orange, NJ 07052. She would be happy to have a note or card from any of her friends. If you have information about Ruth Williams, or any other news about members of Base Hospital #6, or members of the class of 1915, you can write Mrs. Robinson, 144 Hancock St., Auburndale 02166.

1919

We received a letter from James Carr notifying us of the death of his mother ELEANOR HARRIS CARR in Scarborough, Ontario on October 24, 1975. Mrs. Carr came to MGH after graduating from Mount Allison University in New Brunswick. Her son said that she was always very, very proud of having been a graduate of the distinguished Mass. General School of Nursing.

1924

We have recently learned that DORA MCEWAN is a patient at the Dover House Health Care, Plaza Drive, Dover, N.H. 03820.

1925

We have been notified of the death of HELEN BOGART de ROCHEMONT of Hunterdon, N.J. on August 15, 1975. Mrs. de Rochemont was also a graduate of Simmons College School of Nursing. For 9 years she and her husband lived in Paris. Mr. de Rochemont founded offices in London and Paris for the "March of Time" and for correspondents of Time, Life and Fortune magazines

and during the period Mrs. de Rochemont managed the Paris office. Returning to the U.S. in 1940 they settled in Hunterdon where Mrs. de Rochemont took a very active part in early drives and surveys which resulted in the establishment of the Hunterdon Medical Center.

### 1931

HELEN CLARK TOWNER died in her home in Branford on August 8, 1975. A former head nurse at MGH and a supervisor of the children's clinic at New York Hospital, most recently, she was coordinator of the Stoma-Care program for Yale-New Haven Hospital and was a prominent figure in teaching and lecturing in Stoma-Care program for Yale-New Haven Hospital and was a prominent figure in teaching and lecturing in Stoma-Care.

### 1934

We received a news clipping with a very happy picture of Ernest and MARIE GIARDINA NELSON. The reason for the picture was a surprise reception and buffet dinner to celebrate their 40th wedding anniversary. Congratulations! The Nelsons live in Quincy and have six children and twelve grandchildren.

### 1936

Marjorie Goldthwait Richardson  
386 Riverway, Apt. 8  
Boston 02115

A happy item of news is that SALLY BROWN MARTIN was

married last May to ALBERT E. ROCKWOOD. I visited them in August and came away with both a sense of satisfaction in seeing two people who have found loving companionship, and a huge sack of fresh vegetables from their beautiful garden! Their extended family now includes eight children and a large roster of grandchildren. Sally's address is 322 Pearl Street, Gardner 01440.

Have had recent word from LOUISE EMERSON HOWE who is a new grandmother and is pursuing a successful second career as part of a two-piano concert team; SALLIE WHITCOMB PRICE, retired from her African adventures and living with her husband at his boyhood home in Oklahoma; and THELMA INGLES, now retired from the Rockefeller Foundation and living in Maine. Thelma has just returned from a vacation in Spain and France. In the fall she is returning to the University of North Carolina to serve as an adjunct professor of nursing.

Have also heard from MARGARET HAZEN ALLEN and RENE VANDERSLOOT STEWART, but no special news from them.

My father died last February in his 93rd year, having been mentally active and full of his special humor right up to the end of his life.

Will hope to see many of our classmates at Homecoming in September. EVIE LYONS LAWLOR is busy with preparations as I write this. She and I hope especially that every member of the class will try

# MGH CAPS

Mrs. Florence Reed  
88 Whitman, Ave., Melrose, Mass.

4 for \$12.00 postpaid  
(Minimum of 4 Caps)

Prices include postage for regular mail in the United States.

*Please add \$1.00 for Air Mail.*

to attend the 1976 Homecoming which — believe it or not — will be our 40th!

## 1937

Mary Staats  
Route #5  
Coshocton, Ohio 43812

On July 15, 1975 my co-com-piled "Cox Family" genealogy came off the press. On the 17th of July, I was Australia bound to attend the First Worldwide Congress of the Santa Gertrude's Breed-ers International in Brisbane. Twelve countries and 600 wealth owners were on hand. In Sydney I attended the World War Veterans Worldwide Congress with thirty-eight countries represented.

I had stops in Christ Church, New Zealand; Samoa and Hawaii

via military air space available. Seats are scarce and it was a miracle that I succeeded in a round trip. Was gone 32 days and the entire vacation was an exciting, interesting education experience.

## 1939

### September Section

Yvonne Goethel Ciesluk  
298 Weston Rd.  
Wellesley 02181

Each year there are a few more of our classmates who return for Homecoming. This fall the follow- ing were present: GRACE BAB- COCK GATCOMB, WINONA BEHR SMITH, LOVISA CHURCHILL WILLARD, ALICE CLARKE, ADA DE INNOCENIS RESTIERI, DOROTHY DUFFY HAR-



GREAVES, LUCY FRENCH  
BROWN, ELIZABETH LIGHT  
KROPOFF, ISABELLE MAR-  
SHALL SKARP, FRANCES MC  
CONNELL SCIORE, MARY  
RICHARDS HERLIHY, PHYLLIS  
YOUNG WHEELER, BARBARA  
YUTRONICH NOONAN, and  
yours truly.

This was the first time Betty Kropoff and Mary Herlihy had returned since graduation. Betty is working part time at a nursing home and Mary just relaxing and enjoying life. When I talked with her this summer in California I never dreamed she'd really come. It was wonderful to see her again.

Isabelle is working in a physician's office at the same job she has held for many years. Alice Clarke is Editor and Publisher of "Nursing Publications" in Hillsdale, N.J. Her firm publishes "Forum" and "Perspective".

KATHERINE TRACY TAYLOR was unable to be present. She and her husband were in Australia. They planned to visit New Zealand and the Fiji Islands before returning to Maine.

Had notes from EUNICE WHITE DOTY, BEULAH CUNNINGHAM SMITH, and HONOR STANTON KRON saying they were unable to come this year.

Twelve of us were able to stay for the dinner and we made up quite a group at the Holiday Inn.

Start planning for next year NOW! Keep the news flowing and let me know what you're doing so I'll be able to keep everyone informed.

1940

Madalene Brown Calogiro  
11 Vanness Road  
N. Weymouth 02191

Sorry that I didn't make Homecoming this past year. Know that it was a good program and I missed seeing classmates and friends.

My Christmas note from CAROLYN DEAN said she had a nice visit that day with IRENE TIRELIS REILLY and ELIZABETH PRITCHARD DUNBAR, she also included some other notes. ESTHER SNYDER STOCKLIN and husband had a trip to Kentucky and saw where Frontier Nursing started. MARY GALBRAITH WAHL missed Homecoming because of a trip to Denver. Mary says she is "falling apart" — has a problem with her left leg and with her carotid artery. MARGARET GIFFIN ELISWORTH is still teaching nursing administration at the University of Illinois in Chicago.

MARY B. CARR MANSUETO had been to California for a two weeks visit with her son so couldn't make the trip to Boston. She had to have a series of radiation therapy for a recurrence of her problem of 12 years ago and was late in that trip.

MARY SPINNEY LOWE and Ray were in Pittsburgh, Pa. at the time of Homecoming attending meetings of the American Heart Association. Ray is a member of the Board of Directors. You will be saddened to read Molly's other news. John Eckhardt, husband of VIRGINIA BELL ECKHARDT, died last spring. Ginny has two

boys at home at present and is staying in her own home. Molly says that she is amazing in what she does despite her physical need for crutches and wheelchair.

That is all my news for now. Best wishes for 1976.

## 1942

INEZ CARDINALI OCHS is on Wadleigh Lane, S. Berwick, Me. Her youngest child is a freshman at Colby College in Waterville. Her older daughter and her daughter-in-law have both graduated from Colby.

## 1943

### February Section

Mary Nickerson Marble  
536 Riverview Dr.  
Chatham 02633

Although I am not working in the field of nursing these days, I am contributing to a related organization as I was recently elected President of the Cape Cod Hospital Aid Association which has a membership of approx. 200. We are the volunteer arm of the Cape Cod Hospital, and through our nine branches and our Gift and Thrift Shops we raise thousands of dollars for the Hospital.

My husband, George, and I have been residents of Cape Cod for 23 years where our two sons grew up, but are now married and are living in Roanoke, Va. and Boulder, Colo. My George is now President of the Cape Cod Five Cents Savings Bank. We have a busy life and a wonderful

one, and yet, some of my fondest memories are of those days at MGH.

## 1951

### September Section

Marion Decker Manes  
211 River View Lane  
Centerville 02632

Nine members of the class have contributed \$67 to the Alumnae Fund Drive — total \$6668. No suggestions about our class gift for next Sept. What about an assist to an R.N. working toward a degree?

VIRGINIA SABIN PIEROBELLO is living at 60 Crestview Drive, Portland, Me 01403. She has her Masters in Psychiatric Nursing and working in Biddeford at York County Counselling as Supervisor of the Partial Hospitalization Program. For relaxation she writes poetry which is criticized by daughter Bedana, age 13 and very artistic; and son Jay, 14, who is mechanically minded. Ginny plans to be at the reunion in Sept.

JOAN MCCARTHY PETERSON hopes to make the reunion depending on her husband's work schedule and possible need for a ride. She and Pete had a visit with NATALIE QUIRK MEANEY and family at their summer home on Meridith Neck in July.

A Mrs. Betty Dunbar was written up in our local paper as giving a demonstration and talk on gravestone rubbing in Harwich. BETTY HALE DUNBAR (1951) lives there, so I assume it's one and the same. Charlie, her husband, has recently retired from coaching basketball for

the high school in Harwich.

MARY SARGENT MACKIN went to Homecoming and was the only member of the class there. She sat with GRACE HENDRICKS PRESSWOOD who was a year behind us and one of our roommates. Grace and her family vacationed here last summer and we had a few get-togethers. Her husband is doing nicely with his recovery from a coronary last year. Sarge and Ed spent 5 days sailing in and around Cape Cod. They didn't have altogether smooth sailing when 6-8 foot swells tore the mainsail and nearly threw Ed overboard. They visited Plymouth with heightened respect for the Pilgrims.

I had one of the most memorable summers ever. One event being a 98 at Hyannisport Golf Club while playing with Chuck and the Pro. Since then I've played some of the worst golf ever. We've had 5 different sets of house guests between October and December. One set was Bill and Jeanne Iamelli who were up from Florida. Bill used to be on the Admitting Desk in E.W. when we were students.

I've seen and met more people this summer — old and new — than ever before. Even got to say Hi to Ray Goulding of Bob and Ray. The next week Chuck brought home his golf partner of that day, Bob Quinn, who turned out to be the Director of the Johnny Carson Show. He was extremely nice and invited us to a clambake on the beach at their house and had lots of interesting showbiz tidbits to tell us. We were asked to sub in a Duplicate Bridge group and wound

up playing with James St. Clair, Nixon's lawyer during Watergate! I was dying to ask questions but managed to confine conversation to a subject at hand, like why Chuck left me the wrong suit! Sorry about the name-dropping, but thought someone might be interested.

Robin's enjoying freshman year at Cape Cod Community College and also her freedom — she moved in with three other girls in a house about three blocks from here — frankly, I'm enjoying it, too! Betsy is looking into various nursing programs and Schools of Nursing. I still think it is a mistake doing away with the 3 year programs.

There is a possibility that Homecoming will be at the Parker House, but I don't have definite dates yet. Think I'll try to make reservations there, if so.

## 1955

### September Section

Catherine Millett Cashin  
21 Tilton St.  
Nashua, N.H. 03060

I acquired all this information at Homecoming. Quite a few of us were there and we really had a good time.

ANNE PERRY MONAGHAN has 5 boys ages 5-15. She retired from nursing when the children arrived. However, is active in the health field by serving on boards of Community Health Service and Mercy Hospital in Portland, Maine where she lives with her attorney husband.

JEAN O'LEARY LEARY was living in Chatham, N.J. but was

planning to move to the San Francisco area. She has 6 children — 5 daughters and 1 son — ages 13-2. She received a BS in Nursing from Boston College and worked for Liberty Mutual in rehab. nursing retiring after the children arrived. She keeps busy with many community activities.

MARY PENNY MORAN lives at 209 Brookside Rd., Needham. Her children are Sue (18) a student at U. of Mass., Sean (17), Brian (15) and Sheila (9). Mary Fran works full time at McLean.

FRANCES BROWN lives at 15 Pioneer Knolls in Florence. She has switched from Pediatrics to Geriatrics! After 5 years of office nursing now is Assistant Evening Supervisor of a new nursing home in Holyoke. She only works 4 days a week, leaving plenty of time for golf, skiing and travel.

KATHLEEN RENEHAN GILLIGAN lives in Arlington, has 3 daughters, the oldest a freshman in college. Husband, Mike, is still with the F.B.I. She works 2 days a week at Symmes Hospital in Arlington.

ALINE FLYNN SULLIVAN lives in Cambridge, has 4 children and says one of these days she will go back to work.

HARRIET BELTRANDI BILEZIKJIAN lives in W. Springfield, has 2 children, Tina (7) and John (5). She works 2 evenings a week at a local Community hospital. LOIS JOHNSON lives in New Britain, Ct. She completed her Masters in teaching Med.-Surg. nursing in 1974 and now works as an instructor in Staff Development.

MARIANNA MANDILE

CAFAZZO lives in Reading. She has 5 children, the oldest in pharmacy college, the youngest 18 months! She works 2 days per week at Lawrence Memorial Hospital in Medford, doing nursing auditing. RITA WHITNEY LUONGO lives on Boxboro and works as office nurse in Acton. She has 3 children, the oldest, Joseph (18) in the Marines. Linda and Kathy are in high school.

ANNA BATTISTA MELLONI lives in Somerville with husband, Jim, and children Jim, Jr. (19) and Mary Beth (15). Anna is instructor in Med.-Surg. Nursing at Somerville Hospital School of Nursing. She received her B.A. in Nursing from Simmons College in 1970 and her M.S. in Rehab. Nursing from B.U. in 1974.

MARION LARSEN BECKENSTEIN, 984 Waterbury Rd., Cheshire, Ct. She has earned a B.S. and M.A. from Teachers College, Columbia University and is currently doing private duty in the New Haven area. She has 2 children, son (13) and daughter (8).

SHIRLEY DONAGHY HAMEL lives in Attleboro and works 2 days a week at Sturdy Memorial Hospital. She has 7 children ages 10-17. MARIE DONAVAN KENT lives in Norwood and works as a supervisor at Norwood Hospital. She has 2 children in college.

Those previously mentioned were all present at Homecoming, the remainder is hearsay: ROBERTA MACNEILL ROMEO is living in Augusta, Ga. Her husband is a career officer in the Army also a R.N. She just earned her B.S. in



June and has started on her Masters at the Univ. of Georgia.

MARYANNE TREMAINE HEIBERT (husband Clm. Heibert, surgical resident when we were students) lives in Portland, Me. They have 5 children. NANCY CATE HAIGH, RFD #1, Londonderry, N.H., has 4 children, the oldest son in the service and ? the latest class baby! She is working and also working part-time toward her Bachelors degree.

BARBARA RILEY (March) is living in Augusta, Ga. and working on her M.S. She had lived for many years in San Francisco. JEANNE PAQUIN CASSERLY still lives in Los Angeles. She is head nurse at L.A. County General in Labor and Delivery. Timmy is 19 and a freshman in college. Nancy is 18 and married in June so only Jodi (10) is left at home.

That brings it down to me. I've just discovered I'm in the same degree program with Nancy Cate. I work 4 nights a week as supervisor at St. Joseph's Hospital here. Marty works as Respiratory Therapist at the same hospital. The children are Mike (16) a junior in high school and twin girls (14) in the ninth grade. Their names are Susan and Sharon.

Hope this will inspire someone else with knowledge of other class members to write it up for the next issue of the Quarterly. It's been a long time since anyone submitted anything!

1959

Diane Floyd Baker  
3816 Oneda St.  
Washington Mills, N.Y. 13479

Plan to attend Homecoming and may have more news for next issue. LUCY BAKER HOFER can be reached at Box 181, RFD 2, Chazv, N.Y. 12991. She taught Public Health Nursing at the State Univ. of N.Y. until May when she retired to await the arrival of her first child. When we visited this summer, she was canning, pickling and gardening, getting ready for those almost Canadian winters before the baby's arrival. Bob teaches math. at the University and just got tenure (as did Lucy) so they expect to stay there. David Karl was born on Sept. 19th.

Barbara Frank Knapp  
2058 Fifth Ave.  
Cedar Rapids, Iowa

I have returned to nursing after 10 years, as Coordinator of Patient Education at the Mercy Hospital. My responsibility is to set up programs for patient teaching and then instructing staff nurses on implementation of these programs. We have three children — Linda 11, David 9, and Diana 6. After putting Diana into first grade decided to return to work.

1960

ANGELA BARILE WALSH is living at 3129 Sprucewood Rd., Wilmette, Ill. 60091 and has taken a position on Board of Directors of



the Wilmette VNA. The Walsh family was presented with a third child, Amy Lucia, on October 14th. Congratulations!

## 1964

HELEN BOX FORD is living in Long Beach, Ca. and had her first child, a son, Austin Francis, III on Thanksgiving Day, Nov. 27th.

Mary Anne Yahoodik Cirino  
67 Graham Hill Dr.  
Hanover 02339

We are finally settled here in Hanover in a home we decided to build. We spent the summer finishing it off, between visits from friends. We have three girls ages 9, 8 and 4. I am doing private duty until things become more settled here.

JOANNE WALTERS GUSTAFSON, husband and two sons have been down to visit us and SUSAN MOLLOY LEARY and Joe joined the four of us for an evening of talk, laughs and old movies of our MGH days. Susan had seen MARGARET SNEDDON who is now married and living in Andover. Susan works part time in the EW of a local hospital and Marge was working in P.H. in Boston.

Saw LINDA PRISBY HADDAD Labor Day weekend while visiting with Joanne in Vermont. Linda and Abe have William, age one and are living in Holden.

Now that we have left the Air Station in Willow Grove, Pa. we get word that MARTHA WELLS KANNAIR's husband is being trans-

ferred there. They will be coming up from Florida where Martha has enjoyed the climate. Now that they will be closer, we hope to see them more often.

Did anyone get to Homecoming? Send me some news about it for the next issue of the Quarterly.

## 1865

Robin Longaker Redden  
Rt. 2, Box 208C  
California, Maryland 20619

Hi! Sorry to miss our 10th, hope Homecoming was a huge success. Too many things going on down here to get away. If anyone is in this area from our class, please get in touch — would love to hear from you. John is at the Naval Test Pilot School at Patuxent River Naval Base. Kimberly is 7 and Brian is 5 — time certainly flies.

## 1967

SUSAN FOLEY received her M.S. in Community Health Nursing from the Univ. of Colorado in August, 1975. She is living at 4110 Hale Parkway, Denver, CO. 80220 and will be starting a teaching position there in January, 1976.

## 1969

Helen Phelps Rossman  
7413 Harrow Dr.  
Nashville, Tenn. 37221

JOAN KERR is now assistant

director of the Enterostomal Therapy Training Program at the Cleveland Clinic. She had two E.T.'s from MGH train in her program. Last fall she and BARBARA GAUGLER enjoyed a vacation in Greece. After vacationing in Europe and Hawaii, Barbara is now in the CCU and Boston's Beth Israel Hospital.

KATHRYN PAZOLA has received her BSN from Boston College and will get her Masters from B.U. on July. She has also continued working on Burnham 5 part time.

NARRINA MITCHELL MCKISSICH and JANE PAGLIUCA are both working at Montifiore Hospital in New York. DEBORAH REHBERG STEURWALD is living in Fairfax, Va. and working in in-service education at the local hospital.

I am working in hemodialysis at Vanderbilt University Medical Center and in the premature — special care nursery at St. Thomas Hospital both in Nashville. I am also attending school full time at the Univ. of Tenn., working toward my BSN.

I will be happy to compile news of the class if you will send recent news of yourselves and/or classmates.

## 1971

Barbara Glynn Leonardi  
Paradise Rd., Apt. 3-F, West  
Swampscott, Ma.

I graduated from the Univ. of Mass. in 1973 and have been working in intensive care nursing at

Boston City Hospital and New England Deaconess. On Dec. 9, 1973 I married Howard Leonardi, a graduate of the Harvard Surgical Service and currently a Surgical Research Fellow at the Lahey Clinic and Resident in Cardiac-Thoracic Surgery at the Deaconess. On October 24, 1975, Christopher Andrew was born at BLI, where my delivery and Labor Room nurse was MARTY MIARIN, class 1961.

SUSAN BINDSEIL RAYNOR and Rich were recently in Boston with Eli William, born in September. SHARON BELL LAMPRON has moved to California with Neal age 3 Kyle, 18 months and Rob. She can be reached care of her parents at 7 Karyl Lane, Waterbury, Ct.

## 1975

ROBYN LEAH-ANN SMITH was married on September 6, 1975 to James Avitable. Robyn works in the O.R. at MGH and following her wedding trip will be living in Braintree.

## NEED M.G.H. CAPS?

Madalene F. Calogiro  
11 Vanness Road  
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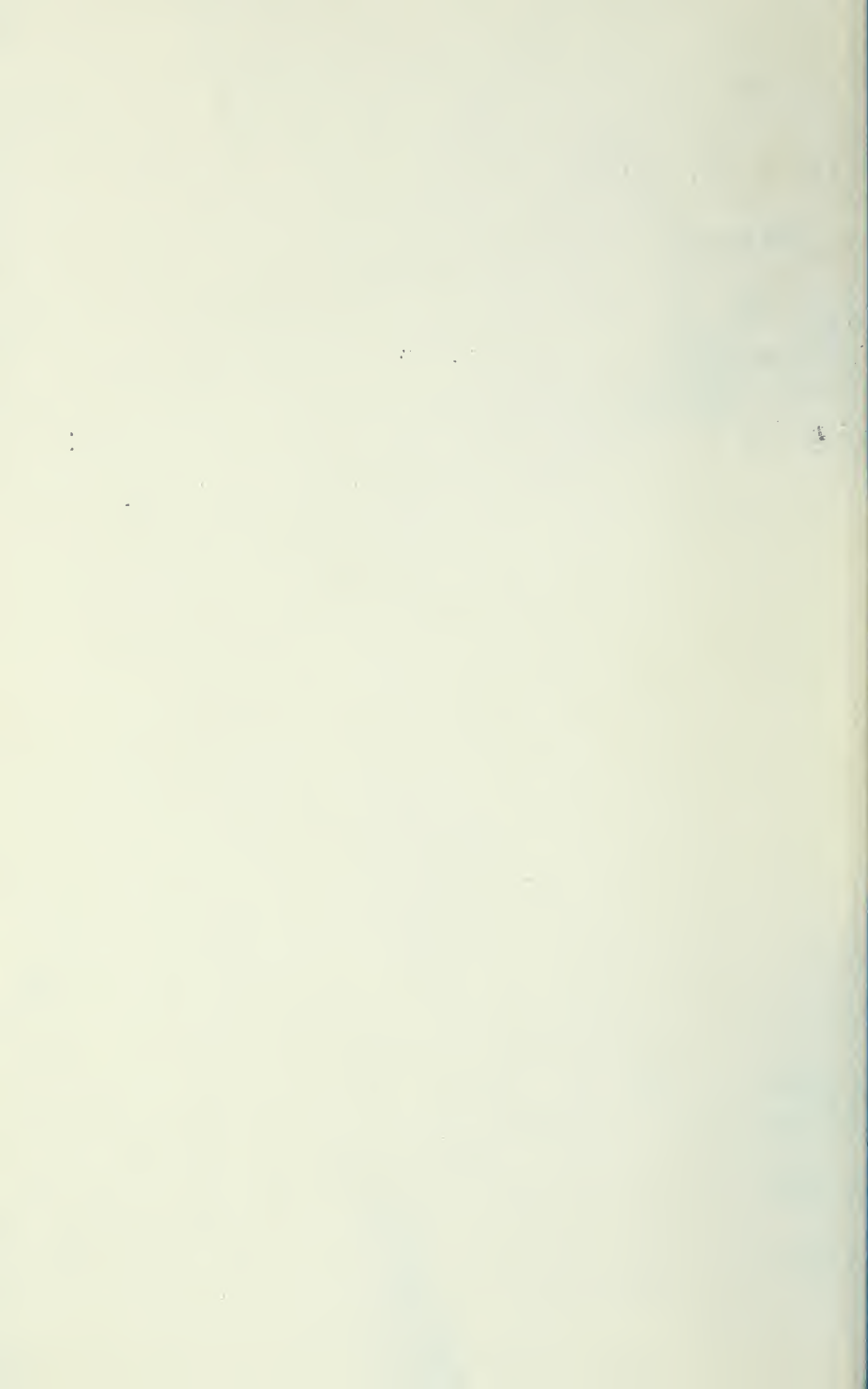
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THE  
*Quarterly Record*

OF THE  
MASSACHUSETTS GENERAL HOSPITAL  
NURSES ALUMNAE ASSOCIATION, INC.

*Spring 1976*



THE  
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NURSES ALUMNAE ASSOCIATION, INC.

SPRING 1976

## Procedure Manual

"The Massachusetts General Hospital Manual of Nursing Procedures" has recently become available in printed form. It can be purchased through:

Little Brown and Company  
34 Beacon St.  
Boston 02108

The cost \$8.95 postpaid. If you wished to be billed you must pay cost plus postage.

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### ALUMNAE OFFICE HOURS:

Tuesday & Wednesday, 9:00 a.m.-300 p.m.

Telephone: 726-3144

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### WHERE TO WRITE

Contributions to the Loan Fund and Requests for Loans: MISS ELEANOR BAUER, c/o Alumnae Office. Make checks payable to the Annabella McCrae Loan Fund.

When Someone is ill: Alumnae Secretary, Bartlett Hall, 34 Blossom St., Boston, Mass. 02114.

Sick Relief Application and Dues: MISS MIRIAM HUGGARD, Phillips House, Massachusetts General Hospital, Boston, Mass. 02114.

Requests for Membership, Alumnae Dues, Changes of Address and General Information: MRS. EVELYN LAWLOR, Alumnae Secretary, Bartlett Hall, 34 Blossom St. Boston Mass. 02114.

# THE QUARTERLY RECORD

OF THE  
MASSACHUSETTS GENERAL HOSPITAL NURSES  
ALUMNAE ASSOCIATION, INC.

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## QUARTERLY COMMITTEE

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*Subscription to the Magazine is included in the dues of the members of the Association*

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All communications for insertion in the *QUARTERLY* can to be sent to the  
OFFICE OF THE ALUMNAE SECRETARY or directly to the EDITOR

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Memo to contributors. Material should be sent not later than March  
1st, for the Spring *QUARTERLY*; June 1st, for the Summer issue;  
Sept. 1st for the Fall issue; and Dec. 1st for the Winter issue.



## MEETING CHALLENGES TO MEDICAL SCIENCE FOR A HALF CENTURY

*(This interesting article about Ward 4 appeared in the March issue of the MGH News. Ed.)*

A young housewife in upstate New York complained to her family physician of muscle cramps and excessive fatigue. Daily household duties had become increasingly unmanageable burdens. Frequent periods of rest failed to alleviate the exhaustion.

The woman, in her 30s, was seriously ill. How she returned to good health exemplifies the work carried out in the MGH's metabolic research unit, Mallinekrodt-Ward 4, which recently marked its 50th anniversary.

The patient was suffering from a deficiency of calcium in the blood due to a lack of hormone from the parathyroid gland (hypoparathyroidism). These glands maintain the blood concentration of calcium, which is vital for health.

Doctors in New Jersey had operated on the woman some years earlier for removal of a thyroid cancer. Although successful, the surgery necessitated removal of the parathyroid glands located next to the cancer.

The patient failed to respond to the usual treatment for hypoparathyroidism and for several years her serum-calcium level persisted at about 50 percent of normal. Her mounting weakness was frequently accompanied by muscle spasms.

Since extensive research on her disease had been conducted in Ward 4, the ailing housewife was referred to the MGH unit. Detailed tests indicated her principal problem was her body's inability to activate vitamin D.

The vitamin is essential for proper absorption of calcium from the diet and for exchange of calcium between the blood and bones.

Using a newly developed, pre-activated form of vitamin D, the doctors of Ward 4 restored the patient's serum-calcium level to normal.

With instruction to take one dose of preactivated vitamin D each day, the woman returned home feeling well for the first time in years.

Dedicated to the proposition that the research today is the treatment of tomorrow, Ward 4 has become world famous in medicine. Its contributions to the alleviation of human suffering are many.

The unit occupies a compact corner on the first floor of the historic Bulfinch Building at the MGH. The facility embraces only 10 beds, but each is reserved for a patient with some type of metabolic illness that remains a challenge to medical science.

By following a precise routine so that specialists can study his disorder, every patient not only better his own chance of recovery but also the chances of others with

the same misfortune.

Since he is literally a partner of the doctor in the advancement of medical knowledge, no expenses of any sort are assessed against the patient if he lacks appropriate medical insurance coverage.

When the facility opened late in 1925, its first use was the study of lead poisoning, then an important industrial hazard. How lead enters the body, what becomes of it, and how it inflicts damage were made clear through observation of the ward's volunteers coupled with nonpatient laboratory studies. The principles of prevention and cure were established, and soon industrial lead poisoning was no longer a major menace.

Studies followed on calcium because of certain similarities to lead. Unlike lead, though, calcium is a natural constituent of the body, principally in the bones.

In the ensuing years many problems involving diseases of the skeleton were clarified. Diagnoses became more precise, and new methods of treatment evolved.

The relationship between bones and the endocrines (the body's ductless glands) became apparent early in the research and led to important discoveries in this field, such as the recognition and diagnosis of overactive tumors in the parathyroid glands.

When these glands overproduce, the skeleton shrinks. The patient's kidneys also become seriously impaired from excess calcium passing through them. Surgical removal of the parathyroid tumor can remedy the condition.

Kidney involvement in hyper-

parathyroidism opened the way for investigation into kidney stones and resulted in valuable contributions to the treatment of the problem.

From lead to calcium to endocrine glands to kidneys, the search went on in Ward 4 to solve mysteries of medicine.

Among other diseases studied have been dwarfism, acromegaly (re-current growth of extremities), rheumatoid arthritis, diseases of the thyroid glands, high blood pressure, accelerated aging, complications of diabetes, and various forms of cancer and heart trouble.

In addition to administering pre-activated vitamin D to people unable to stimulate the vitamin naturally, Ward 4 researchers in recent years have:

1. Demonstrated the first effective treatment for Paget's disease (a relatively common bone disease) with the hormone calcitonin, recently approved for general physician use.
2. Demonstrated the value of proton beam irradiation of the pituitary gland for pituitary tumors. Surgery for removal of these tumors is much more costly and hazardous to the patient.
3. Established the value of a new blood hormone test in diagnosing parathyroid diseases.
4. Developed new ways to evaluate patients with abnormalities of calcium absorption or with mild forms of thyroid or parathyroid diseases.

Dr. Alexander Leaf, MGH Chief of Medical Services, has overall re-

sponsibility for the research ward. Dr. Robert M. Neer, Associate MGH Physician, handles its day-to-day administration.

A question frequently posed is: "Why hasn't the ward grown in size along with the rest of the hospital?"

Dr. Neer, Assistant Professor of Medicine at Harvard Medical School, explained why the 10-bed capacity has remained constant:

"The kinds of studies conducted in the ward really cannot be done with large numbers of patients. These investigations require a high ratio of doctors and nurses to patients.

"Many studies include collecting blood samples and urine specimens at frequent, carefully timed intervals. In some studies, hormones or other drugs must be infused continuously at carefully controlled rates. In other studies, the position of the patient may be very important; the patient might be called on to remain standing for four hours. Others might have to lie down for that length of time. Many of the procedures carried out in the ward are new.

"About half the investigations require a patient to be on a special diet. Some diets call for identical menus daily with everything carefully measured and weighed. Others allow varying foods but may restrict salt or calcium intake. Many of the studies require complete urine collections, and some require collection of all excreta."

The minute attention to such details enables doctors to assess more accurately bodily changes that may take place during treatment.

Assisting the researchers are Fellows (physicians training in special fields), who serve on a rotating basis; seven registered nurses headed by Mrs. Grace Good, RN; a dietary staff of five directed by Miss Jane Gillis, Research Dietitian; Miss Denise Pomodoro, Recreation Therapist; and a ward secretary, Mrs. Frances O'Connor.

Long stays in Ward 4 were common at first. Today, the average patient remains six to seven days with a few of them present up to six weeks.

Every effort is exerted to make patients comfortable and content.

In addition to radio, television, and books, leisure activities include lessons in art and crafts, trips to sports and other events, and, for some patients, brief trips home.

A moving account of how Ward 4 was born, went through financial pangs during its formative years, and ultimately gained world stature was penned by Dr. James Howard Means several years after he retired as the MGH Chief of Medical Services.

Published by the Harvard University Press in 1958, the book, entitled simply *Ward 4*, was aimed at the general reader. In recounting the unit's history, Dr. Means brought into sharp focus the vital role of research in improving care in any teaching hospital.

Ward 4 was conceived by the late Dr. David I. Edsall while he the MGH Chief of Medicine. When in 1924 he became Dean of Harvard Medical School, his successor, Dr. Means, inherited not only the ward concept but Rockefeller Foundation funds secured by Dr. Edsall for

enlargement of the Bulfinch Building.

Ward 4 opened on November 4, 1925. There was no special significance to the number "4" in the name. It was short and did not duplicate the number of any other MGH ward.

The facility's total outlay for board, room, and medical services during its initial year came to \$15,000. For seven years, grants from outside sources supported the ward. Then the Great Depression hit, drying up the aid flow to a level where, on July 5, 1932, the unit had to be closed.

An \$8,000 grant from the Hyams Foundation permitted a re-opening 17 months later. But soon this lease on life expired. Convinced that clinical research was essential to providing the best patient care, the MGH trustees voted to underwrite the ward's expenses with unrestricted endowment. The policy of meeting research costs from general revenues was rescinded in 1946 to prevent patients from paying from paying for such costs.

A formal MGH research fund was established in 1946 with \$130,000 in grants from the pharmaceutical industry. Then, early in 1947, the hospital's Committee on Research was born. One of its initial acts was to allocate \$30,000 annually to meet the costs of Ward 4.

The facility is named in honor of the late Edward Mallinckrodt, Jr., of St. Louis, who was board chairman of the Mallinckrodt Chemical Works in that city. A Harvard graduate and former Harvard overseer, he had a lifelong interest in science and was a staunch benefactor of the ward.

His interest in the MGH developed in the early 1930's. His first direct contribution to Ward 4 came in 1945 when he assumed the expenses of one bed. This assistance mounted steadily until in August of 1948 the trustees voted to name the ward in his honor.

A bronze tablet signifying this tribute was unveiled in the ward the following March.

Five years later, Mr. Mallinckrodt launched an endowment which continues to play a vital role in support of salaries for investigators concerned with clinical studies on Ward 4. However, the great increase in the hospital's operating costs has led to new mechanisms for support.

In recent years about two-thirds of the ward's annual cost has been borne principally by a grant from the National Institute of Arthritis, Metabolism and Digestive Diseases, a department of the National Institute of Health.

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## HOMECOMING — SEPT. 25, 1976



## ANNUAL REPORT SCHOOL OF NURSING

Throughout the year, the School contributed regularly to preparing various sections of the hospital's petition to seek degree-granting authority; and further developed, discussed, interpreted, and responded to daily inquiries about the proposal for a pre-service Master of Science in Nursing program. The enormity of the task before us was matched in effort. Our beliefs about and commitment to the quality of the present program, deserving academic recognition lend courage and conviction to our planning for the future.

In February 1975 official notification was received from the National League for Nursing of the continued accreditation of the School's diploma program until 1981.

A decision was made in January 1975 to admit in September 1975 another class into the present diploma program. The class was filled in April 1975 with the exception of spaces saved for late applicants.

The wide range of interest in the School is reflected in the many applications received and the diversity of educational backgrounds and life experiences of those who apply as well as those who enter, offering a richness of learning resources for students and faculty to share with each other. The September 1975 entering class is unique in several ways, among them the larger number of men and the significantly fewer 17 or 18 year olds, possibly because of their reluctance to wait until a definite decision could be made about the admission of a class. Entering students with post secondary education include 7 with associate in arts degrees; 37 with up to 3 years of college; 26 with baccalaureate degrees; 2 with master's degrees; and 6 L.P.N.s. The trend toward more college graduates seeking to enter career oriented educational programs, such as the health related professions, and a serious dearth of programs appropriate to such candidates' educational background continues. During this past year we received 376 inquiries from college graduates seeking information or admission. They represented 148 colleges in 35 states; one from Cambridge University, England. The changing composition of the student body and its heterogeneity necessitated ongoing study and adaptation of the curriculum, refining methods of assessing levels of competency achieved through prior experiences to determine eligibility for course exemptions, and developing new approaches to student services and activities programs according to needs of defined groups as well as individuals. The number of men enrolled in the School increased to 27. Eleven students are parents. Approximately 68 students commute daily, some from immediate neighborhoods, others from as far as southern New Hampshire.

Both the number of students declared independent of their parents and the number of students substantially meeting school expenses through employment have increased.

Federal funds received by the School for student assistance were dramati-



cally below the amount requested, and \$12,000 less than that received the previous year, a result of more schools requesting more aid for more students with a net decrease in amount available per eligible student. A total of 139 students, 43% of the student body and 25 students fewer than last year, were awarded a total of \$179,000 (approximately 80% Federal funds) through the Financial Aid Committee and \$116,600 through State Scholarships, Guaranteed Student Loans, and Basic Grants. In order to supplement financial assistance from their families, their own earnings and outside scholarships to meet direct and indirect school expenses, more students sought and received Guaranteed Student Loans through a bank, borrowing a total of \$100,900, approximately \$25,000 more than the previous year. Due to higher financial need the average financial aid award was increased by \$550.00 for the Juniors and \$159.00 for Seniors.

Changing and differing Federal regulations for student and institutional eligibility, conditions for matching funds, needs analyses and delayed notifying of funds awarded the institution continue to compound the intricacies of planning and administering financial assistance packages for students. The financial assistance program is vital to the health of the School by partially supporting students otherwise unable to attend. We appreciate both the assistance of those who help with its implementation and the amount of funds, from various sources, which we are able to award.

Added to stringent cost control methods it was necessary, after thorough study of student charges, to institute in September 1975 a \$100.00 annual increase in tuition; \$250.00 annual increase in room charges; a \$30.00 increase in fees; and a \$10.00 increase in application fee if another class is admitted.

The Media Production Center, developed with Federal capitation grant funds, and housed in Palmer-Davis Library, became operational in June 1975, 7 months ahead of schedule. Enthusiastic response by the faculty and expert and supportive assistance of the media staff have already resulted in creative production of learning adjuncts. Completing the cataloguing of the soft and hardware, and addressing problems of space limitations created within the Library and the integration of the center's operation within the broader system and management of learning resources will help to achieve the potential of this new facility.

Highly professional service by the Palmer-Davis Library staff to its users, and initiative in facilitation cooperative arrangements with other libraries to improve the delivery of library service to nurses in the Boston area, contribute to the library's outstanding reputation within the School and community. Circulation has grown this year from 12,443 to 15,558 and should continue to grow as a result of an intensive book selection and processing effort. Attendance increased by 9,000; 1,025 new titles were added; 753 outdated books were discarded. Preparation of a research guide for students' preparation of term papers and a slide tape orientation to users of the library were examples of many innovations.

In relation to curriculum, the articulation and reinforcement of learning experiences amongst various courses was enhanced and the unifying strands of health maintenance, ambulatory care, and mental health concepts were further explored and strengthened. Some new experiences were offered; an additional unit of the Massachusetts Rehabilitation Hospital for some first level students; supplemental experiences in mental health at the Lindemann Health Center in-patient unit and in the partial hospitalization, day program unit at McLean; alternative experiences with several obstetrician/gynecologists; and increased utilization of the complications of pregnancy and gynecological unit of the Boston Hospital for Women, Lying-In Division.

Some experiences available in the past had to be limited, suspended or discontinued: Observational experiences within the Boston Public School system, follow-up home visits, and the use of the Bunker Hill Community Mental Health/Social Service Unit and the Human Resources Institute. Decrease in Federal Capitation Grant Funds, resulting in the loss of a faculty member, necessitated limiting the number of agencies to which students were assigned.

Increased government regulation of educational institutions receiving funds for student assistance or program support was in evidence. Ambiguous or seemingly contradictory regulations in some instances compound the difficulty of compliance, administering programs, maintaining high standards, and assuring accountability to our various constituencies. Since the faculty had already initiated a study of matters related to student and faculty records, the development and documentation of a plan to ensure compliance with the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) PL 93-380 was facilitated, with legal consultation. New regulations from the Office of Education, Department of Health, Education, and Welfare for the operation of the Guaranteed Student Loan Program (GSIP) stimulated revision of the School's refund policy for student tuition and other charges to meet the defined criteria for a "fair and equitable" policy.

Other aspects of these regulations are presently being considered to ensure the effectiveness and efficiency of our existing systems and to determine the need for amplification and the adequacy of our resources to handle the details.

Changes in various procedures and regulations for professional nurse licensure have added to the work of the School's staff and possible future changes and trends require constant monitoring for appropriate action and potential impact.

Our sincere thanks are extended once again to the Trustees, the Administration, and the many groups and individuals within the hospital and community whose support, concern and interest are vital to achieving our mission.

Natalie Petzold, R.N.  
Director of the School of Nursing

# We Present . . .

## Ingeborg Grosser Mauksch

### Class 1943

*(The following material is taken from THE NURSE sent to us by Vanderbilt School of Nursing, Nashville, Tennessee. Editor)*

A Missouri educator who has achieved a national reputation in the development of the primary care nursing concept has been named the first Valere Potter Distinguished Professor of Nursing at Vanderbilt.

She is Dr. Ingeborg G. Mauksch, presently a professor and family nurse practitioner in the Department of Community health and Medical Practice at the University of Missouri School of Medicine.

Dr. Mauksch's activities will be concentrated in three areas: as a nurse practitioner role model with her own clinical practice; as a facilitator to faculty and students in writing and research; and as an advocate of involvement of nurses on the health scene, locally, statewide and nationally.

Dr. Mauksch's experience and accomplishments are impressive.

In addition to her faculty appointment at the University of Missouri, she also has served as nursing consultant for the Mid-Missouri Mental Health Center De-

partment of Nursing since 1970 and the Planned Parenthood Association of Central Missouri since 1972. She also was co-principal investigator from 1973 to 1975 for a published study, "Optimal Nursing Assignment," through the Missouri College of Engineering.

Dr. Mauksch previously was chairman of the Department of General Nursing at Loyola University in Chicago and served as assistant director of the School of Nursing at Presbyterian — St. Luke's Hospital, Chicago, where she also was chairman of the nursing department. Other teaching experiences includes Massachusetts General Hospital, Michael Reese Hospital and St. Luke's Hospital School of Nursing, both in Chicago; and the University of Colorado School of Nursing.

Dr. Mauksch has a BSN degree from Columbia University, and AM and Ph.D. degrees in nursing education and educational administration from the University of Chicago.

She has served as chairperson of the American Nurses Association's Congress of Nursing Practice since 1974 and is a member of the National Joint Practice Commission.

She also is past president of the Illinois League of Nursing and serves on the editorial boards of *Nursing Forum* and *The Nurse Practitioner* magazines and *Health Care Dimensions* monographs.

A native of Vienna, Austria, Dr. Mauksch was nurse-advisor to the International Council of Nurses in Geneva, Switzerland, in 1972, was elected to the American Academy of Nursing in 1975, and was selected by her alumni association to receive a distinguished service award at the 100th Centennial Celebration of the Massachusetts General Hospital in 1973.

She is a member of Sigma Theta Tau, national nursing honorary, and an honorary member of Alpha Tau Delta, national nursing fraternity. She also serves on the board of directors of the Central Missouri Mental Health Association, is a member of Hadassah and the executive committee of Congregation Beth Shalom of Mid-Missouri.

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## NEWS NOTES

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THE SAN DIEGO UNION on December 31, 1975 carried a news story about Lillian (Becky) Fletcher Carroll, 1935. Mrs. Carroll, then Miss Fletcher began a career as an airline stewardess with American Airlines in 1938. She became one of about 300 stewardesses in the U.S at that time. Later she became director of stewardess training for Northeast Airlines, and then developed a training course for stewardesses

at Mt. Ida Junior College in Newton Center.

In 1965, 30 years after completing nurses training, then required for stewardesses she received her B.S. in health education at Boston University and her master's degree in education in 1967, also from B.U.

In December, Mrs. Carroll donated her collection of miniature planes and other memorabilia from the early years of commercial aviation to the Aero-Space Museum in Balboa Park, CA. The collection includes lapel pins, wings, insigna and equipment used by stewardesses in the late 30's and early 40's, and models of various aircrafts.

The Carrolls moved to St. Augustine, Fla, in 1967. Mrs. Carroll then began a new career as a teacher for the Deaf and Blind, and is a guidance counselor for blind students.

In a news clipping sent to us earlier this year we learned that Grace Walsh Rooney, 1938, was appointed director of patient care services at the Presbyterian Home of Central New York. Prior to this appointment Mrs. Rooney had been director of nursing services at Memorial Hospital in Albany, N.Y.

She is a graduate of Simmons College and Fairfield University in Connecticut. While at Stamford Hospital in Connecticut, Mrs. Rooney was secretary-elect of the Advisory Board to the division of community services

of the state department of mental health. She is presently president of District #9 (Albany) of the New York State Nurses Association.

(See Note from Alumnae Office — p. 13 )

We received a news item from Boston University in February 1976 about Alice Yancey Conlon, 1941. Mrs. Conlon was elected to a second term as Vice President of Boston University's National Alumni Association.

She has served as Commissioner of the American Nurses Association Committee for Economic and General Welfare, and Chairwoman of the American Nurses Association Public Relations Committee.

In addition to her nursing degree, Mrs. Conlon received a journalism degree from Boston University's School of Public Communication in 1948. She is very active in University affairs, being on the Board of Directors for APC's Alumni Association and a member of the National Alumni Council. She has also been active in fund raising for the University.

Mrs. Conlon was honored by her colleagues by being elected to the Boston University chapter of Sigma Theta Tau, the National Honor Society of Nurses.

An active community member, Mrs. Conlon has worked with many organizations in the Boston area. She is a member of the Friends of Boston Opera, Friends of Boston Public Gardens, League of Women Voters and the Beacon Hill Association. She has also served on the Board of Directors of the Massachu-

setts Health Council and on the Governor's Advisory Council on Comprehensive Health Planning.

(Many in our Alumnae know Alice Conlon as Terry. She has also been a very active member of our association, has served on the Board, and for several years was the Editor of the Quarterly, Editor).

Elizabeth Doyle Sheehy, 1953, has been appointed to a National Burn Task Force to assist the Department of Health, Education, and Welfare to prepare a comprehensive report for the U.S. Senate Appropriations Committee setting forth the current capability for burn care, the existing need, and a recommended national burn program. Mrs. Sheehy is presently serving on the Board of Trustees of the American Burn Association and is the United States R.N. delegate to the Education Committee of the International Congress on Burn Injuries. In this capacity she will attend the World Health organization meeting in Geneva, Switzerland, in June 1976.

### Notes from the Alumnae Office

Dear Mrs. Lawlor,

Thanks for your nice note after I sent the clipping on Grace Walsh Rooney. You said to introduce myself if I had the chance, and I did, much sooner than I expected.



Mrs. J. I. Farrell, a very lovely lady here who is director of the Utica School of Practical Nurses where I am a clinical instructor, had a tea at her home on January 15th so that Mrs. Rooney could meet some of the MGH'ers in the area. There are not many, I had not met any in our three years here. Mrs. Farrell is a Peter Bent Brigham graduate, but her sister — now deceased, was Elizabeth Smith, fellow MGH grad maybe late 20' or early 30's, I don't know the year.

It was a real privilege to meet EMELINE BOWNE (1920) and STATRIA JOHNSON GRUPPE (1922), niece of Miss Sally Johnson. Her husband is a retired, or maybe semi-retired doctor here. He still does quite a bit of clinic work. A Mrs. Coxon, a doctor's widow who is also an MGH grad, was unable to attend.

Also present were Jane Gruppe Batty, Mrs. Gruppe's daughter who is a Simmons College School of Nursing

graduate; and Mrs. Farrell's daughter, Anne Farrell Gruppe, University of Colorado School of Nursing, who is married to the Gruppe's nephew. A real family affair.

Grace is delightful, indeed all the ladies were, and I was very please to have been included, and to share reminiscences and discussion with Grace about the future of nursing. We are so few here, that no one had ever seen a cap like mine, and wonder of wonders, many have ever heard of MGH. That keeps my arrogance from getting out of hand as well as making me aware of the large responsibility of carrying the MGH reputation with me!

Grace showed me a lovely picture of her daughter, Mary Roomey, who will graduate from MGH this year.

Affectionately,  
Diane Floyd Baker, 1959

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**HOMECOMING — SEPTEMBER 25, 1976**

**AT**

**HOWARD JOHNSON'S 57 HOTEL**

**200 STUART ST.**

**BOSTON, MA.**

**TEL: 482-1800**

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## In Memoriam

1910 Harriet Towle on January 14, 1976 in Falmouth

1912 Nina Simpson Henderson on January 24, 1976 in Middleton (N.B.)  
Canada

1916 Margaret G. Reilly on December 24, 1975 in Brockton

1917 Charlotte Holden on January 17, 1976 in Falmouth

1918 Bernadette Beaudreault on February 20, 1975 in Boston

1921 Lilius Wilson Warner on December 20, 1975 in Sheffield

1924 Louise Holmes (Coop) Merrill on February 2, 1976 in LaJolla, CA

1925 Leslie Smith Appleton in December 1975 in Seattle, WA

1932 Eleanor O'Brien McMullen on January 31, 1976 in Port Richie, FA

1945 Rosamond Peloquin MacKinnon on February 18, 1976 in W. Hartford,  
CT

1967 Marian Reichle on February 1, 1976 in Hyde Park

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## News . . . of the Classes

### 1910

It is with deep sorrow that we report the death of HARRIET TOWLE. Born in South Dakota she moved to New Hampshire as a young girl. Miss Towle attended Simmons College and after graduating from MGH did private duty nursing until WWI. She entered the Army and was assigned to the British Expeditionary Forces serving at the 18th Evacuation Hospital in France. Miss Towle returned to Boston after military service and had been with the Bentinck-Smith family in Boston and Cotuit for 50 years. She died at the Falmouth Hospital on January 14, 1976. Memorials in her name may be

made to the Sally Johnson Scholarship Fund of the Alumnae Association.

### 1916

It is also with deep sorrow that we report the death of MARGARET G. REILLY on December 24, 1975 at the St. Joseph's Manor Nursing Home after a long illness.

Miss Reilly was supervisor of the Dermatology Department at MGH for 20 years and a member of the faculty at Boston College School of Nursing for 15 years. During WWI she served with MGH Base Hospital #6 and worked for 21 months with Dr. Richard Cabot in setting up

social service programs in Bordeaux and Paris, France.

(A tribute to Miss Reilly will be in the next issue of the Quarterly)

## 1917

We have been notified of the death of CHARLOTTE HOLDEN on January 12, 1976 in Falmouth. Miss Holden graduated from Mt. Holyoke College before entering MGH. Her first nursing position was at the Cambridge Hospital, becoming acting superintendent of nurses. In April, 1919, she accepted a position at the Falmouth Health Center, which was the predecessor of the Falmouth Nursing Association. Miss Holden left the FNA in 1925, to take a job in Foxboro. She returned to Falmouth in 1926, this time as school nurse for some 800 children. When she retired in 1956, she was serving some 2,200 children. Since her retirement she had lived a quiet but active life and her death was sudden and unexpected by her friends.

## 1921

Kathleen Mulvey McKee  
9149 48th Ave., North  
St. Petersburg, Fla. 33708

After a most pleasant visit with JESSIE RYDER at 125 56th Ave., South, St. Petersburg, Florida, I realized I was far behind in my contact with the Alumnae.

Jessie is well, mentally alert, and appreciates all she is able to do. She

is very happy in her retirement home which is lovely spot. Her attendant, who come in from 9-2 daily is a bright ray of sunshine and helps to pass the time more quickly.

As for me — I am just fine. I have a two wheel bike and my husband (same old Bill) and I pedal about five miles daily and finish up the evening with a good walk. I have no complaints, aches or pains, and am most grateful. We spend our summers on Cape Cod and would love to make my 55th reunion this year.

We have been notified of the death of LILIAS WILSON WARNER by her daughter Jane. Mrs. Warner died on December 20, 1975 in Sheffield, Ma. Prior to her marriage in 1924, she was Superintendent of Nurses at the Fairview Hospital, Great Barrington, Ma.

Mrs. Warner did some part time nursing, was an active member of the American Red Cross and was chairman of the Bushnell-Sage Library Trustees for 43 years. She had also worked in the Sheffield Post Office for many years.

She is survived by two daughters, Jane of Greenwich, Ct. and Claire of Pittsfield, Ma. and four grandchildren.

## 1924

We have been notified of the death of LOUISE HOLMES (COPP) NERRILL on February 2, 1976 on LaJolla, Ca. where she had made her home since 1933. She was born in Canada where her father was a pioneer Canadian dentist who

helped found the Saskatchewan Fish and Game Department. Her mother was a member of the Doherty Organ Company family and an accomplished musician.

Mrs. Merrill and her mother LOUISE LENA DOHERTY became the first mother and daughter team to graduate from the School of Nursing. They did it as classmates, both members of the class of 1924. Mrs. Merrill specialized in anesthesiology and was a pioneer in the administration of anesthesia in the U.S. She worked at the N.Y. Lying-In Hospital, earning money to support herself and pay for singing lessons. She later went to Italy to study voice under some of the leading voice coaches. When she returned to U.S. she assumed roles in New York and road company productions of lighter musical works.

In 1933, she married Dr. E. F. Foster Copp who was associated with Sir Frederick Banting and Dr. John Macleod at the University of Toronto in a research project on diabetes that led to the discovery of insulin. Dr. Copp helped found the Scipps Clinic and Research Foundation. Dr. Coop died in 1969.

Mrs. Merrill was active in numerous civic and charitable groups. She was an original member of the San Diego Opera Guild Board of Directors, a member of the La Jolla Junior Committee of the Los Angeles Philharmonic, a member of board of directors of the San Diego Committee of the Los Angeles Philharmonic Orchestra, a member of the San Diego Historical Society and a member of the board of directors of the California Metabolic Research Founda-

tion. She was also one of five persons who helped organize the San Diego unit of the American Field Service Foreign Student Exchange Program and she helped found numerous AFS chapters in North San Diego County.

She is survived by her husband, Col. John P. Merrill, USA, ret., her son, Joseph Copp of La Jolla and two granddaughters.

## 1934

My apology to the MARIE GIARDINA NASON and her husband for the error in their name in the last issue of the Quarterly. The congratulations go to the Nasons not the Nelsons. Editor.

Eva Belcher Chandler  
97 Eliot St.,  
Ashland, Mass. 01721

MARY I. SMITH KIDD retired in August and in November fell down and fractured her right hip. Ended up with 3 nails and 2 staples holding her hip together,. Was 4 months without being able to bear weight on the hip. Her mother died last year at age 92.

RUTH WHITTIER EATON is at home and hates housework. (I say Amen to that.) She keeps busy with a small stamp collection and lots of crewell embroidery.

GRACE SHERMAN stays busy at work but did get home to Vermont for Christmas.

ELEANOR LEE AHERN didn't say what she was doing but her daughter lives near her and son

# MGH CAPS

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Michael was home for Christmas.

LOIS COWELL ANDERSON and her husband are still busy with their numerous activities. Son, David, got home from Germany for a visit. Lois hopes to make the New England scene this coming summer.

BERTHA COSKIE PROCTOR has had a very rough year but has managed to keep her job going which is enough for two people. Son, David, is busy in many phases of Religious Education and son, Allen, is on leave from the World Bank to pursue a doctoral program in Economics at the Univ. Of Wisconsin — only 45 miles from Bertha.

MILDRED KERZICH WATSON has rented an apartment for the winter in Cooperstown, N.Y. and decided against going to Florida this winter.

MARION BATES finally has her driver's license! Her father at 92 has had remarkable help from the

Vision Rehab Clinic at Univeristy Hospital and is able now to read his whole paper each day.

FLORENCE SMITH MORSE had major surgery for a hemorrhagic gall bladder but is recovering well. Has opened a "Plants<sup>n</sup> pots<sup>n</sup> Things" Shop hoping it will sustain her in case she decides to give up her job in Anesthesia next year. It is becoming more complex each year with too many stresses. Also, the fantastically high insurance coverage is becoming prohibitive. Her girls are fine and she now has 5 grandchildren.

LOIS BEECH HACKET and her husband have been overhauling their boat and Lois confirms the old saying that "A boat is a hole in the water into which you pour your money". Joe is working in Electrical Construction and passed the exam he had been studying for the past 3 years, (part time). Lois is retired but has taken up Genealogy as



a hobby. As for the Bicentennial she claims that her earliest ancestor in this country turns out to have been a Loyalist and had to be evacuated by the British when the Revolution was over. Her children are well and flourishing. Julie is with a large market chain; Gus is finishing Law School; and Jill is still teaching and very active in politics. Lois's mother at 85 still maintains her own apartment. Lois states that other States are nice to visit but California is the best place to live.

ELLIE HALMI KOLMAN (Feb. Sec) is still working in Phillips House. Says lots of changes are taking place and it isn't the same old MGH we used to know but the world changes and we must change with it. She went to Bavaria in October and loved it. Hopes next to get to Jamaica.

HENDRIKA VANDERSCHUR is still having her health problems. Her blood pressure gives her considerable trouble and now she is combating cataracts for which she expects to have surgery in the near future. In spite of it all she maintains her good sense of humor. Ricky is the one who has provided me with the majority of the information in this column.

MIRIAM (LINDY) HAIL COX has been busy nursing her husband Gene who spent 5 weeks in the hospital last fall. At last report he is doing much better and Lindy has been able to return to her part time Volunteer job at the Memphis City Hospital.

As for myself I am still enjoying my retirement. I spent the month of October visiting Lindy and Gene in Memphis. When I arrived Gene

was in the hospital so Lindy and I spent our days there and our nights "gabbing". In spite of all the problems we had a wonderful visit together and I hated to leave. At present I am working as a School Secretary, filling in for one who is on a winter vacation. It is a nice change of pace.

Have a nice summer and SEND NEWS.

**1935**

See News Notes item about  
LILLIAN FLETCHER CARROLL.

**1937**

### **February Section**

Susan Robins Groff  
14 Lucian Street  
Manchester, Ct. 06840

I am sure that I speak for our whole class in extending deep-sympathy to the families of three of our classmates, whose passing was noted in the last Quarterly. The beautiful tribute to ELEANOR THOMPSON WHITNEY by RITA CONROY is to be cherished.

I received my copy of "A Centennial Review" by Sylvia Perkins, and she and her assistants are to be commended for a thoroughly absorbing account of the School of Nursing from 1873-1973. For those of you who have not read it I would suggest that you get a copy and read it from cover to cover. It makes our years as student nurses

come alive, and brings back plenty of memories.

I hope all of you escaped the flu that was so prevalent this winter. We in this family were very fortunate in not having it, but for those that did it was pretty miserable.

Now girls, 1977 is the big year for us, and perhaps we'll have to plan some sort of get-together to celebrate.

In the meantime, have a pleasant summer, and keep well.

### 1938

See News Note item about GRACE WALSH ROONEY.

### 1940

Madalene Brown Calogiro  
11 Vanness Rd.  
N. Weymouth, 02191

Thanks to MELBA PACKARD QUINT's need for caps I had a nice telephone chat with SHIRLEY LEAVITT CONSTANTINO. Shirley still lives in Wakefield and called for Melba. Like so many others she and her husband were both just getting over the flu. She had received her copy of "A Centennial Review" and was thoroughly enjoying it and recalling so many things that happened as a student and young grad at MGH.

It is with great sorrow that I report the death of Burdette Barnard, husband of EDITH KELSEY BARNARD. Burdette died suddenly in their home in February. I wrote to

Edith and expressed the deep sympathy of all of us and in return received a lovely letter from her and Julie. They plan to stay at their present address — Westtown School, Westtown, Pa. until June.

Had a brief note, with a cap order, from RUTH DULAC WRIGHT (Feb.). She is still working at the Medical Center Hospital in Huntsville, Ala. and is busy with organizational work. Ruth also mentioned how very much she enjoyed the Centennial and seeing so many friends.

### 1941

See News Notes item about ALICE YANCEY CONLON.

### 1947

We wish to thank JEAN BARROWS MACDOUGALL for sending us copies of the death notices for HARRIET TOWLE (1910) and CHARLOTTE HOLDEN (1917).

Jean had known Miss Holden from childhood as the Falmouth school nurse. As a Girl Scout she also taught Jean how to make an occupied bed — MGH style.

We have also been notified of the death of ROSAMOND PELOQUIN MACKINNON on February 18, 1976 at her home in W. Hartford, Ct. She was a graduate of Simmons College and received her masters degree from Boston University. She had been an instructor at MGH and more recently at the Hartford Hos-

pital School of Nursing. Mrs. MacKinnon is survived by her husband, four sons, two daughters and her parents and a brother. Donations in her memory may be made to the Newington (Ct.) Children's Hospital or to charity.

1951

### September Section

Marion Decker Manes  
211 River View Lane  
Centerville, 02632

Only one nomad in the class after receiving many lovely Christmas cards.

KATHERINE PINCKNEY BROOKS' new address: 204 Old Country Rd., Deer Park, NY 11729. Her mother left her house to them giving them a whole new life style complete with garden. However, Pinky says it ties them down more than they like.

A note from GENEVIEVE RICE ROSENKRANTZ said the bookstore was doing well and all were very busy: JANET STOCKS MOORE sent her annual photo of their 4 handsome kids; DORA CAPETTI CRAWFORD and OLGA SADOTTI AASEN wrote one-liners; RUTH BAKER WHITE's son was married; MARION KELLEHER EVANS promises to think hard about the class gift; and now for the in-depth news.

JOAN VAILIANT PARENT has offered to help with mailing for the reunion. MARY SARGENT MACKIN says they may sail up the river to our doorstep. Lotsa luck, but

don't run over any waders with crab nets at low tide.

BARBARA WHITELOCK SUTHERLAND had surgery in Dec. Both her children were home for the holidays and she has 2 courses to go for her BS. DOLORES MERZ MCHUGH is still employed, Tim has decided not to return to school, Judy works at Univ. of Conn. Medical Center in the office, and Penny's trying hard to grow up.

HILDA NELSON FENELEY thanked the class for our sympathy card and said that a year ago she couldn't believe that time does heal us. GLORIA GILSON KOLB updates her children — Jim 14, Sheryl 12, and Sandra 11. She hasn't done nursing for 2 years and is a better nurse than secretary — which she does part time for her husband.

DORIS STONE BERGERON expects Noel to retire from Devens about next Dec. if it doesn't close before then. Noel would like to join in at least part of the reunion, if husbands are included. I sure hope at least some will be brave enough! They sure were brave enough in their younger days.

JOAN MCCARTHY PETERSON plans to make the reunion if she has to ride Andrea's 3-speed bike! Her father had a coronary in October and was in the Hunt Memorial Hospital in Danvers. She found MARY HAGERTY FORD there. She is a head nurse on the medical floor and looks great. She also saw NATALIE QUIRK MEANEY and family in August. Nat has one at each end of the educational ladder — one graduating in June and the youngest starting school in Sept.

SHIRLEY DUNCAN DRIS-

COLL was home last year when her father was at MGH but didn't have time to do much. DOROTHY GRACIE SNOW still hears from JOANNE TAYLOR BLIZZARD, CAROL SMITH VECE and ELEANOR LYNCH TERRA. Dot works part time at Pilgrim House Nursing Home in Peabody, 3-11.

JOYCE SEVERY JONES enjoys working part time at her local Medical Center. VIRGINIA PIERO-BELLO SABIN has her MS and runs a day care program for mostly schizophrenic persons.

DORIS SEARS BATES sounded pessimistic about getting to the reunion. At Christmas time she thought she and Peter might come up for some Bicentennial stuff this summer. I tried to convince her to wait until late Sept. but then her schools are in operation, so that's a problem.

ANNE ZANIEWSKI KUTLOWSKI spent 3 days in Provincetown with 2 kids, went to Pennsylvania for some history sight seeing and hopes to get to the reunion.

JUNE MARINER TOPLIFFE has special training in critical care open heart surgery and works 4-5 days a week as a float. Malpractice strikes hit their hospital and she was concerned about the status of things. Carrie, 22, was to be married in March. They had all been to a family reunion last summer and questioned the possibility of attending our reunion.

Ran into ELIZABETH HALE DUNBAR who had a bad time with pulmonary emboli but seems to be doing O.K. now. Her husband is receiving the new psoriasis therapy at MGH with good results. Betty

still works for an M.D. down Cape.

Fourteen of the gals mentioned, plan to attend our reunion and of those responding to the class gift — they favor a scholarship to either an R.N. or aid to an MGH student. Let me know your thoughts.

We've survived the hardest winter I've seen on the Cape, snow-wise. I spotted 4 crocus in the yard today so things are looking up. I'm planning to visit friends in Florida in March so that'll keep me going until beach weather. Betsy is back from a trip to London with the Drama Club and hasn't stopped talking about it. Robin seems to be doing better in Cape Cod Community College than in high school, but still doesn't know what she wants to do. I was signed up for the community production of "Wizard of Oz" by my 2 daughters and played Tibia, skeleton maid to Wicked Witch of the West. Had a note from the director who thinks I'd make a good Tweedledum in "Alice in Wonderland". Don't know if that is a compliment or not!

Have abandoned attempts to make reunion reservations — too complicated. We'll be together all day and then can split up with close friends for evening activities. See you in Sept.! Expect some nagging for the Class Gift Fund with the Alumnae Fund Drive letter.

1953

See News Notes item about ELIZABETH DOYLE SHEEHY.

## September Section

Martha Codi Raak  
554 No. Main St.  
Greensburg, PA. 15601

Hello out there! I noticed that there was a gap from 1951 through 1966 in the class news section. Today is a cold, snowy day so I thought I would share bits of news that arrived on Christmas cards.

JOAN HIPSKY KENNEDY writes from Santa Barbara that Bruce is in Jr. College, Bryan a Sr. in High School and both Brent and Jill in Junior High. She states that the malpractice threat has hit hard in California. She does mainly cardiac work, part-time teaching of nursing students, and is active in the Heart Association on the State level.

JANET BURKE POTTER is active in her local nurses club. She is also crazy about antiques and tries to visit her Mom and Dad as often as possible in Clinton, Mass. Her husband Bill, still works for United and the two boys, Kevin and David are doing fine. (Ray and I visited them briefly this summer at the Pittsburgh airport during a stop over.)

CAROLE BEUMONT SARTORI and Neal have had a stressful '75. Things are looking up now as Neal has resumed working after a long bout with a heart attack and recovery. Their son, David, has a pilot's license and is a straight A student in college. Paul is a sophomore and Marsha is in kindergarten.

Carole continues to work three p.m.'s per week.

Ed and ESTHER (SUIHKONEN) BURNS have added song-birds and flowers to their duck carving business on picturesque St. Michael's Md.. Esther's mother died in October. Robin, the older daughter, is an Art Major in college.

Just a "hello" was received from AUDREY CHASE HULL, Wes and children.

AILEEN FLYNN SULLIVAN writes that they had dinner with MARION MANDILLE CAFAZZO and KATHLENE RENEHAN recently. The Sullivans are flying to the Orient on Good Friday — wow!

JOAN ALFONSO WALKER and John sent a Christmas greeting. They are grandparents!

JEAN CAMPBELL TEAGUE is teaching at the General and pursuing her Master's Degree. Life is hectic for Jean, Charlie, and family.

Our own family moved to Greensburg (still in western Pa.) in August. We have another big, old house so feel free to visit if you're in the Pittsburgh area. We are proud of Pittsburgh and love to show people around — you'll be pleasantly surprised. Ray is now working for the Elliott Co. in Jeannette, Pa.. Our five children range in age from 10 to 16 and are busy as all children that age are. I had to leave my job at Easter Seal when we moved and am now trying to decide what to do. Like so many homemakers I really feel part-time day hours would be ideal but those jobs are few. Ray and I have several trips coming up this year and we are looking forward to them.



Gold bless you and may '76 be a happy and healthy year.

1959

### September Section

Patricia Friss Newnham  
2107 N. Oak Lane  
State College, Pa 16801

Happy Springtime everyone! It was fun to read letters from some of you over the Christmas holidays.

JANE HARTWELL got together with JACKIE FLYNN during summer '75. Jackie still enjoys living and working in Houston. Jane had a vacation in Saratoga, N.Y. but hopes for a longer one this winter, someplace warm! Jane's father had two coronaries but was recovering last I heard.

CAROL FRENCH PUBLICOVER is very busy as the mother of four teenager daughters. Her 10-yr. old son, Andy, goes fishing in the nearby lake or hides in his tree house to escape the female confusion. Carol "escaped" to work 2-3 nights a week on a surgical floor at a 250 bed hospital. The Publicovers continue to enjoy Florida's warm weather, especially now that Carol's mother has moved just five minutes from them.

ELLA LADD HOSELTON and husband Bob are still in California. They visited Ella's family in Maine over the holidays. Ella and Bob enjoy hiking and backpacking in the Sierras.

Still renovating their home on Long Island, KATHY GLENDEN-  
NING JONES and husband Warren

are very busy. They visited Boston during the summer and were amazed at all the changes around M.G.H.

LUCY BAKER HOFER and Bob are enjoying son Davey. Holidays are so exciting with a toddler around! ESTER CROSSMAN HALL sent a holiday greeting, but no news.

I've had a couple of letters from MARY FARBER RAYMOND. She had some surgery in Jan. 1976, but is doing fine now. She enjoyed the "young, efficient, pleasant, nurses." Mary took six weeks off from work and enjoyed being a "lady of leisure." She sees MARY MCCARTHY PERRY occasionally. Mary's youngest will be 3 in April.

DIANE FLOYD BAKER sounds as enthusiastic about life as when we were at M.G.H. . . . "Guess we are all getting older — more gray hairs and varicose veins, but I don't mind as I am the happiest and most stimulated mentally that I have ever been." Di is teaching Med-Surg and Geriatrics to practical nurse students and going to college for her B.A. She is also a scout leader and YMCA board member. Her three girls are all enjoying school and their outside activities.

We Newhams are busy as ever. Bob is head of the Solid State Science program here at Penn State and continues his teaching and research at the Materials Research Lab. I was hospitalized in Sept. and diagnosed diabetic. It was a big shock and took a lot of adjusting, but I'm doing well now. Glad to read recently that a viral implication seems likely in diabetes and a vaccine is being worked on. I'm still

working part time at our Family Planning Center and have started teaching Prenatal care for the Red Cross and Adult Education. Randy is 10 already and as big as a Jr.-higher. Rosemary at 6 is a real young lady and very proud of being one of the tallest in her kindergarten class.

NANCY JANE NASSAR ST. AMOUR reminded me that it has been 20 yrs. since we entered training. Was 1956 *really* that long ago?! However, since it is an anniversary year for us, how about some news? Let the rest of us know what you are doing.

## 1962

"Just a quick note to say that I'm back in America. I received my doctorate from the University of Manchester (England) in July 1975 and returned to America in August. I'm now providing leadership in gerontological nursing in the school of nursing at the University of Rochester in New York where I am an assistant professor. I am also trying to adjust to America, a more difficult task! I hope to make the next Homecoming or at least my classes' 15th in '77."

## 1967

It is with deep sorrow that we report the death of MARIAN J. REICHLE. Marian was found slain in her home in Hyde Park on February 1, 1976.

Since graduation Marian had

received her BS degree from Boston University and had worked at the Beth Israel Hospital. At the time of her death she was a nursing supervisor in charge of the inhalation therapy department at the Veteran's Administration Hospital in Jamaica Plain.

## 1971

Deborah Reading Hicks  
840 Judson #3  
Evanston, Ill. 60202

I am currently working part time at the Evanston Hospital but plan to move in May to Paris, France with my husband's firm for a minimum of 3 years. I hope to continue nursing at the American Hospital once we are settled.

MARTHA SEATON KINON is working as head nurse in the recovery room in Wayne, N.J. NANCY STEETS FOGARTY has one child and is planning to work part time. They are living in Fort Gordon, Ga. until June when John leaves the Army.

Hooray for BARBARA  
GLYNN! (LEONARDI)  
Who put some class notes in.  
While not without chagrin  
Realize I have not "put in".

So now I make my plea  
To those same as me.  
Just a line ... or two ... or three  
And keep us ... we.

JEAN MCGREGOR BENSON  
(also '47)

1972

Karen Fallon Fernandes  
33 Corey Court  
Woonsocket, RI 02895

Got together with PAULINE ZINITI MANNA and PATRICIA TAILMAN SCHULMACHER and we decided to catch up with what is new with us.

Eddy and I are proud parents of Amy Lauren, born Dec. 8th. Our 3 year old, Matthew, is very happy with her. Just before Amy arrived we bought a new home and I am busy now settling in and decorating it, which I thoroughly enjoy!

Pat and Don were married last spring and are living in southern R.I. They too are parents of a new baby, Aaron Daniel, born Dec. 14th. They will shortly be moving into a

new home and Pat looks forward to part time work soon.

Polly and Bob have recently moved into a new home in Pembroke. Robbie is now two and Polly says the term "terrible two" is appropriate. She received a letter from DIANE ZEBNIAK TAYLOR who is living in England and missing the U.S. She and Rigger will be in Boston this summer.

The three of us attended MARJORIE DILL'S wedding to George Christofino in Nov. Margie looked beautiful and we had a grand time. She and George are living in Quincy and Margie is working in the Burnham building.

Eagerly look for '72 news when the Quarterly arrives.

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1973

Gisella Kuri Davey  
1 Croft Lane  
Smithtown, N.Y. 11787

I wish to say hi to the class  
and send some news.

LOIS GIELBUNT COX and  
Bobby expected their first child  
in April. They have returned  
from Florida and living in Matta-  
pan. ALINE GUAY is working

in labor and delivery in  
Lawrence and loves it. She  
comes to visit me every summer.  
COLLEEN FLANIGAN FAHEY  
and Terry are living in Albany,  
N.Y. and she is working in  
orthopedics.

Rocky and I are doing fine.  
We just bought a house and  
I'm working in an ICU in my  
home town and going to college  
for my B.S. Would love to hear  
what everyone else is doing.



# CLASS NEWS

SECTION AND YEAR OF GRADUATION

NAME

STREET ADDRESS

CITY, STATE, ZIP CODE









APR 22 1977,

# the quarterly record

OF THE

MASSACHUSETTS GENERAL HOSPITAL  
NURSES ALUMNAE ASSOCIATION, INC.



*Summer/Fall 1976*



THE  
*Quarterly Record*

OF THE

MASSACHUSETTS GENERAL HOSPITAL  
NURSES ALUMNAE ASSOCIATION, INC.

This Magazine is Published in the Spring, Summer, Fall and Winter



**MASSACHUSETTS GENERAL HOSPITAL NURSES  
ALUMNAE ASSOCIATION  
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*Alumnae Secretary*

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**THE OFFICERS OF THE ASSOCIATION**

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CAROLE ANN ROBERTSON LYONS (1966)

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JEAN CAMPBELL TEAGUE (1958)

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*Program*

MARY FLANNERY CAIRA (1959)

*Quarterly Record*

JUDITH HARDING DOUGHERTY (1941)

*Hospitality*

*Nominating*

M. HONOR KEEGAN (1963)

*Service*

PEGGY COPE MASCHER (1966)

*Annabelle McCrae Loan Fund*

*Salley Johnson Scholarship Fund*  
MARLENE NORTON (1961)

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**ELECTED ALUMNAE REPRESENTATIVES TO THE NURSING ADVISORY COUNCIL**

SUSAN L. FISCHER (1966)

ELIZABETH DOYLE SHEEHY (1953)

HELENA T. MCDONOUGH (1966)

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**ALUMNAE REPRESENTATIVES TO THE  
TRUSTEES ENDOWMENT FUND COMMITTEE**

BEVERLY THOREN (1952)

---

**ALUMNAE OFFICE HOURS:**

Tuesday & Wednesday, 9:00 a.m.-3:00 p.m.

*Telephone: 726-3144*

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**WHERE TO WRITE**

Contributions to the Loan Fund and Requests for Loans: MISS ELEANOR BAUER, c/o Alumnae Office. Make checks payable to the Annabella McCrae Loan Fund.

When Someone is ill: Alumnae Secretary, Bartlett Hall, 34 Blossom St., Boston, Mass. 02114.

Sick Relief Application and Dues: MISS MIRIAM HUGGARD, Phillips House, Massachusetts General Hospital, Boston, Mass. 02114.

Requests for Membership, Alumnae Dues, Changes of Address and General Information: MRS. EVELYN LAWLOR, Alumnae Secretary, Bartlett Hall, 34 Blossom St., Boston, Mass. 02114.

# THE QUARTERLY RECORD

OF THE  
MASSACHUSETTS GENERAL HOSPITAL NURSES  
ALUMNAE ASSOCIATION, INC.

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Vol. LXVI

Summer-Fall 1976

No. 2

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## QUARTERLY COMMITTEE

Editor . . . . .	Madalene Brown Calogiro 11 Vanness Rd., N. Weymouth, Mass. 02191
Chairman . . . . .	Judith Harding Dougherty

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*Subscription to the Magazine is included in the dues of the members of the Association*

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All communications for insertion in the *QUARTERLY* can be sent to the  
OFFICE OF THE ALUMNAE SECRETARY or directly to the EDITOR

---

Memo to contributors. Material should be sent not later than March  
1st, for the Spring *QUARTERLY*; June 1st for the Summer issue;  
Sept. 1st for the Fall issue; and Dec. 1st for the Winter issue.



### “OUR NEW LOOK”

Dear Alumnae,

Your quarterly has undergone a change in the method of mailing. I'm sure that you are aware the cost of printing and mailing of the *Quarterly* has risen over the years. This past year the Board of Directors had a consultation with the printers for recommendations for changes which would maintain the cost as budgeted.

Their recommendations were that the cover be used as the envelope, with address on the back cover and that the mail be sent out as bulk mail. The bulk mailing will not provide for unclaimed *Quarterlies* to be returned for readdressing. It will be more important now that the Alumnae Office have the correct and current addresses.

This change does not reduce the cost of the printing, and mailing, just maintains the expenses within the budget allotted for it.

Thank you for your support and understanding in this necessary change.

—Adele L. Corkum  
President

# **“M.G.H. Revisited”**

## ***Report of the School***

**NATALIE PETZOLD**

***Director, M.G.H., School of Nursing***

**Report presented at Homecoming 1976**

Presently the School is one of the declining number of 461 diploma programs in nursing in the United States, one of 28 diploma programs in Massachusetts and is continuing to graduate a class of approximately 95 each year.

Perhaps the following illustrations will provide a perspective on the shifting proportions of initial programs in nursing education and their numerical relationships:

- 1) Decline in number of diploma programs;
  - a) some indications that the rapid decline is leveling off
- 2) Trends in nursing education number of programs and graduates
  - a) in short span of time doubling number of A.D. programs and 5 times as many graduates
  - b) slow growth in baccalaureate programs
- 3) Comparison of number of R.N. programs and L.P.N. programs in United States

- 4) Number of R.N. type programs in United States
- 5) Number of R.N. type programs in Massachusetts and comparison with L.P.N.

**Note: Jan. 1975**

B.S. enrollments = 38.8%

A.D. enrollments = 35.0%

Dip. enrollments = 26.2%

**1974-75**

B.S. graduates = 20,241

A.D. graduates = 32,622

Dip. graduates = 21,673

Just as there have been changes in the mix of nursing education programs, so has there been a change in the mix of students; to a great extent reflecting some trends in general education.

During the past decade professional schools and educational programs in health careers have experienced a tremendous surge in numbers of applicants. This phenomenon has been spawned and supported in part by an increasing interest in service-oriented professions, in educational programs preparing for specific careers, in fields of work offering career mobility, in vocational education (which is also regaining a new measure of

**Note:**

R.N. graduates = 74,536 annually

L.P.N. graduates = 46,400 annually

respectability in academia) coupled with a shifting economy, changes in the work force, scientific and technological advances, availability and accessibility to health care, and some erosion in attitudes towards sex-linked stereotyping of occupations.

Federal funds for student financial assistance and for schools, as incentives to increase enrollments, contributed to the escalation. Concerns about the quality and accountability to students of certain rapidly developing and expanding post-secondary proprietary educational programs have resulted in legislation relating to those institutions with students receiving Guaranteed Student Loans, with regard to admissions and evaluation for progress criteria, informing applicants about possible career opportunities and certain other matters.

For the 130 spaces in the Freshman Class, a limit set some years ago in recognition of the maximum number for whom we could provide the necessary resources, the School has been deluged with applications in the past several years, with a decline this current year. Recently published data reveal that we were not alone in the decline but that application rates have leveled off in law and the health professions schools in general. According to statistics from the National League for Nursing, declining rates of admission to both associate degree and diploma programs have not been offset by the slight increase in admissions to baccalaureate programs and "overall, a virtual zero growth rate seems the likely forecast for the next few years in nursing education both for the ag-

gregate registered nurse and practical nurse program admissions." The future impact of declining applications, stability in withdrawal rates, the closing of schools or limiting the number of admissions, and the projected decline (for the late '70's and into the '80's) in the post secondary population has not been able to be accurately projected. For the past two years recruitment has been hampered by the uncertainty about whether another class would be admitted into the diploma program, because of the plan to phase out the present diploma program when a new program phases in, ensuring a continuing program for any enrolled students and continuity in conducting a formal nursing education program at MGH without overlapping two different types of programs. High school counselors, applicants, potential applicants and other interested inquirers were notified of the possibility of a major program change in the future which was affecting decisions about admissions. Notifications then were sent to these individuals as soon as a decision was made in January 1975 to admit a class in September 1975, and in early December 1975 for the class which entered in September 1976. (? a decision for September 1977.)

The School retains its listing in the Massachusetts Nurses Association bulletin, "State approved Schools of Nursing in Massachusetts" and the National League for Nursing listing of accredited diploma programs, and responds to various requests of high school groups for tours and the admissions office is heavily involved in counseling and referring the many



who call or drop by with questions about careers in nursing or the various health occupations.

It has been a period of particular pressure for the admissions office and committee with a shortened space of time to complete thorough reviews of applications. The interview with each applicant from a reasonable distance has assumed particular significance for both interviewer and applicant to explore his goals, needs and interests in relation to the nature of our program, its resources and for selecting those most likely to succeed, since if another class is not admitted, Freshmen who withdraw would not have the possible option of returning with another entering class.

If I were to characterize the students as a group, several features stand out—

a) the majority have worked or volunteered in health care settings — they express particular affinity for a nursing program conducted in close relationship with a health care delivery agency; and want and expect a rigorous clinical emphasis;

b) there is a wider age range; there are more married students, more with children, more with post-secondary education; more with interrupted educational patterns, or entering nursing as a second career. There have been more commuting students, with several commuting daily from Southern New Hampshire, one of whom achieved an A average in each Freshman course this past year,

c) in the last few years the number of men has increased and they have been accepted rather matter-of-factly by women classmates. By the time of its implementation date, we had already had experience in compliance with Title IX of Educational Amendments of 1972, which prohibits discrimination on the basis of sex, though on a few occasions the men express feelings of the “under dog” or non-acceptance in some situations. (Also 5 men on faculty — Librarian, Coordinator, Assistant Instructor, Counselor, Administrative Assistant.)

Statistics maintained by the admissions office indicate that for each of the last several years from 325-425 inquiries about nursing programs and about our School have been received from college graduates. In 1975, 376 inquiries were received representing 149 colleges and universities in 35 states and England. During this past school year 435 requests for information were received from college graduates, 150 specifically concerning the proposed program. Approximately 25% were Social Science majors, 15% Biological/Physical Science majors, 10% Education majors and 8% English majors; the remaining 42% had varied majors. Once again they represented many colleges and universities all across the country, Hawaii, Panama, Israel, and Russia (as well as Cambridge University, England). This year, however, fewer college graduates entered the School mainly because of increased efforts of the admissions office and a little

more lead time this year to put these potential applicants in touch with degree-type programs. Despite this some continue to prefer a hospital-based program.

A somewhat disconcerting note is the reflection in the scores of the entering students of the national and possibly international decline in College Board Scores, a phenomenon much studied, hypothesized and watched, but with little agreement on possible causes. Nonetheless the average for the Scholastic Aptitude Tests (V 434; M 472) (MGH=V 480; M 488) and we feel confident of their potential for success and for eventually scoring well in State Board Examinations.

A look at the profile of the student body enrolled last year and the Freshman Class which entered in September will highlight some of the characteristics of the student body which I have mentioned

- 1) profile of student body 1975
- 2) educational level of entering students MGH School of Nursing 1973-1975
- 3) map to show geographic distribution
- 4) profile of Freshman Class entered September 1976

There is a diversity of experiences and backgrounds, which offers a rich potential for sharing and learning from each other; the students have much which they offer to the school community.

Learning to set priorities, to manage their time, to practice self-discipline, to assume responsibility for their learning are abilities which students must quickly master if they are to be successful in meeting school

objectives. Many are carrying a heavy load of school experiences and homework, as well as family and home responsibilities, commuting and working to meet school expenses.

Since 1970 the total for the three years of basic charges of tuition, room and board and fees has increased from \$3,290.00 to \$5,505.00 plus the cost of meals for which students now pay separately, which would bring the estimated total to over \$8,000.00. In addition are the costs of uniforms and books, and health insurance, comparable to a Master Medical Plan, which is required of all students.

As costs have escalated, increasing attention has been devoted to our system of establishing charges, particularly in relation to students with irregular programs, so that students are billed essentially for services rendered. For example, annual tuition for a full time student has been broken down into charges for the various courses and course components class/and laboratory for students carrying less than a full program, with service charges established to evaluate and validate the level of competency of candidates who have applied for course exemptions.

Another example relates to establishment of a refund policy which is in keeping with the 1975 Federal regulations for the Guaranteed Student Loan Program (HELP loans) so that from 100% to 25% of tuition, room, and fees is refunded on a descending scale if students withdraw during the first to fourth weeks of a term.

Just as the process of billing, and of budget forecasting and manage-

ment have received major emphasis the past two years, so has the whole area of student financial assistance which becomes simultaneously more complex, detailed and fraught with uncertainties both for the School and students.

Since my annual reports describe some of the ongoing developments and implementations of the financial assistance process in some detail, I shall just summarize and highlight a few significant areas.

Over the past five years, Federal funding for the Nursing Student Loan and the Nursing Student Scholarship programs has decreased but nevertheless been maintained, thanks to the continuing efforts of nurses, students, and faculties, and Connie Holleran working with legislators.

Two other Federal programs utilized by the School of Nursing are the Supplemental Educational Opportunity Grant and the College Work-Study Program. Over the past five years, these two programs have been at approximately the same level of funding as more and more junior and community colleges have come into existence over this same period; approximately the same amount of money being appropriated yearly is now being allocated to an increasing number of schools.

In 1973, the Basic Educational Opportunity Grant Program was implemented at the Federal level. This program was designed to be an entitlement program and a basis for all financial packaging. Federal funding for the Basic Grant Program has increased over the past three years among the aid applicants. Students

with exceptionally high need with minimal or "zero" resources would in all likelihood also apply for a Higher Education Loan to help them meet at least one half of the cost of attendance at the institution.

With the Basic Grant Program being used as a basis for financial aid packaging, funds made available through other Federal and through private sources at the Massachusetts General Hospital School of Nursing can now be distributed further among aid applicants. Some students are also eligible for and receive Veterans benefits.

Over the past five years, the make-up of the student body at the School of Nursing has gradually changed. There are more students who have already earned degrees, there are more students who are financially independent (self-supporting) and there are more divorced or separated students who are pursuing a career. This student population has reflected an increase in the amount of financial aid requested.

With Federal funding on the decrease and the necessity to make these Federal dollars meet the need of as many student as possible, students applying for and eligible for assistance are encouraged to meet at least one half of the School costs through financial assistance from their families, through their own employment and/or through a Higher Education Loan.

With the increase in School costs also taken into consideration, today's student is being informed through the aid office of all possible avenues of assistance. The student is involved now, more than ever before, in his/

her own self-help. With the student and the aid officer working together, a student is usually able to meet the School costs. Occasionally, students have delayed their entrance by a year or interrupted their programs in order to earn and save. Student participation on the Financial Aid Committee is helpful to both faculty and students.

While there will perhaps be less money available to more students with increasing financial need, by the same token there are more students demonstrating initiative on their own behalf to meet this need, and making commitments to a plan for more extended periods of formal education.

While major curriculum changes have not been undertaken in the last few years, refinements continue in the organization of courses, the clarification of objectives, the selection of learning experiences appropriate to the level of the particular learner, challenging his growth, and realistic in terms of his eventual professional role and responsibilities. The Curriculum continues to extend from September to mid-July for the first two years and to the end of May for the Senior year allowing these students to be eligible for the State Board Examinations in July. Their results in these examinations continue to place the School mean well above the National and State averages and among the highest results for all professional nursing programs in the State.

Clinical experiences reflect the increasing complexities, sophistication, and often stressful dynamics of providing care. Students are required to

demonstrate thorough preparation and readiness for each clinical experience and a recognition of their accountability. Since the rapid turnover of patients on certain units offers students limited opportunities to participate in the management of patient care problems during various stages of resolution, we are fortunate to utilize the ambulatory services of the hospital as well as the Massachusetts Rehabilitation Hospital and certain other community agencies in which students develop understanding and skill inherent in the various phases of health impairment and recovery under differing circumstances and settings.

In the last few years increasing emphasis has been placed on nursing assessment, contributing to nursing histories and the problem oriented record and the principle of nursing audit.

The heterogeneity of the students, their various experiences in and approaches to life and learning prior to entrance preclude any standard or mass-herding approach to teaching. Faculty and students are required to plan and work together in more individualized ways, with students assuming an increased share of responsibility in the process. While flexibility must be built into the program, nevertheless course requirements and objectives must be met by all. In the process students have gained a greater awareness of the significance of course objectives and utilize them in their study and pursuit of learning experiences. Also in recognition of students prior to learning and changing career goals the School has supported the controlled



development of our course exemption policy which allows students to apply for either partial or full exemption through various processes of having their level of learning, gained in prior settings, validated and documented.

Both the Palmer-Davis Library and the Instructional Resources Center have become focal points and centers for learning. The steady acquisition of a large variety of carefully selected media hardware and software has resulted in increased access by students and faculty to films, filmstrips, slides, audio-cassettes, learning packages to supplement classroom teaching, and to facilitate self-paced study and review. The library staff, consisting of a librarian, associate librarian and two assistant librarians, all full time, assisted part-time by student clerks, has expanded the library holdings to 6,700 titles, 11,175 volumes and 194 professional periodical subscriptions and 74 others. Providing professional services to users evenings and weekends as well as during the daytime, the staff has prepared a library and research guide, a slide-tape orientation to the library and assists faculty in the preparation of course bibliographies, and students in research procedures and formats for bibliographic citations for term papers, the quality of which has been enhanced.

The Media Consultant whom we have had for two years under Federal Capitation Grant money has helped us enormously to make great strides not only in purchasing with discrimination and foresight but also in producing audiovisual materials ranging from a synchronized slide tape

orientation to the library, to various software for Family Day, Open Houses and classes.

While a well-prepared and qualified faculty in sufficient numbers, and competent supporting staff, excellent resources and facilities and a capable qualified student body are all significant, ultimately the question is: how well prepared were the graduates as perceived by their employers and by the graduates themselves? The results of the follow-up studies which we continue to conduct for each class one year after graduation indicate, from the returns received, that the graduates are generally well prepared and that they perceived themselves that way. The large majority respond positively to the quality of education received as preparation for staff nursing, but quite a few comment with regret that the courses do not carry college credit while offering an excellent foundation for nursing and the clinical experiences received offered solid preparation and should not be "watered down" in the future.

The data are so voluminous and comments from both graduates and employers so detailed that they cannot be reduced to simple tabular form without losing something in translation; but perhaps a few statistics for the Class of 1974 (most recent results) will be of interest. They were fairly evenly divided amongst institutions with between 1000 and 500 beds and less than 500 beds. All indicated their positions as staff nurses except for 5 charge nurses or team leaders, 2 head nurses, 1 supervisor of nurses, a nurse-counselor, an optometric assistant and nurse in an experimental platelet/leukocyte



pharesis program. Clinical areas represented were:

- 12 ICU/CCU/RICO/or E.R.
- 6 Surgical Units
- 6 Pediatrics (one of these a rehabilitation unit)
- 4 Obstetrics
- 4 Orthopaedics
- 2 Gynecology
- 2 Neurology

The remainder represented medical or mixed medical-surgical units; a pulmonary renal unit, a drug and alcohol abuse program, a public health and a platelet laboratory.

Eleven were enrolled as B.S. candidates in Nursing and 3 were B.S. candidates in other fields. Others indicated enrollment in courses such as psychology, psychological rehabilitation, political science, human behavior; courses prerequisite for admission to Master's degree programs; and courses to become an ostomy nurse.

Employers rated the graduates on 13 items related to quality of nursing care on a scale from 4, high-outstanding to 1, limited. None of the ratings was limited; 30% were in the 4 or outstanding category, 60% in the 3 or good category; the remaining 7% fell in the satisfactory or 2 rating. (After results were tabulated 2 more returns were received, with the 2 graduates being rated "4" in every category.)

In the separate category of Communications which included 5 sub-areas, 2 were rated as limited in interpersonal relationships with peers and health team members; with this exception, 32% of the ratings were in the outstanding category, 52% good, 14% satisfactory. In relation to

leadership, with 2 exceptions the graduates were rated either as initially demonstrating leadership potential or demonstrating progress in development of leadership ability.

Just prior to graduation the Class of 1976 completed a questionnaire dealing with future plans: 61 were taking licensure exams in Massachusetts. The others in Connecticut, Rhode Island, New Hampshire, New York, Florida, Virginia, New Jersey, Washington (State), Minnesota, and California. In general this past year there seemed to be more positions open to them; we are again receiving quite a number of requests from potential employers seeking to recruit our graduates. There had been a slight decline in recruitment in the two previous years. The new graduates indicated plans for initial employment in a variety of adult medical surgical areas, and pediatrics, with only one initially employed in a coronary care unit. Their responses to questions related to other future career and education goals were somewhat similar to that of the previous year. Nineteen indicated career goals as nurse practitioners in specialized areas such as Adult or Family, Pediatrics or Midwifery. Ten were aiming for teaching, 9 Community Health, 2 administration, 2 U.S. Navy, 1 anesthesia and the remainder listed beside nursing or undecided. Of the 62 responses related to education goal, all of these indicated at least the baccalaureate degree, 22 were aiming for a Master's degree and two for a doctorate in English, Psychology or Philosophy, and 2 a degree in law. They generally endorse the philosophy of continuing

or continued education on a formal or informal basis and increasingly applicants and students entering the program indicate long term career goals and plans for continuing their education intermittently with work or around wife, motherhood and family plans or other experiences.

Perhaps one of the most remarkable phenomena, given the day to day and month to month uncertainties with which the diploma program and those associated with it are faced, is the transcending dedication to the task at hand, a belief in its worthwhileness, a sustained search to improve and to achieve, and a stability in staff despite discouragements, frustrations, and anxieties. It is not a detached head-in-the-sand attitude, but a realistic coming to grips with the process of change and making a conscious commitment to our primary, present task at hand as well as participating, with varying levels of involvement, in the opportunity to translate our concerns for the future of nursing education into a proposed plan of action.

While the MGH has been considering the establishment of degree programs for approximately ten years, detailed study and exploration of the feasibility and desirability of amending the hospital charter to include, as part of its educational functions, the authority to award degrees in certain fields has taken place during the past three and a half to four years. With an extensive planning network, under the direction and coordination of the Trustees Committee on Teaching and Education and the Educational Planning Office, a petition for degree-granting au-

thority was developed according to the guidelines and requirements of the Board of Higher Education. Its submission to the Board of Higher Education in July 1975 was followed by that agency's appointment of a visiting committee which made a site visit in February 1976, and a public hearing was held in May 1976. Presently we are awaiting a vote of the Board of Higher Education.

In essence the petition seeks to establish an education division of the hospital to conduct degree granting programs. The plan encompasses much more than the nursing program alone. In order to view the nursing program in context I will briefly outline and highlight the overall plan and in doing so I am drawing on some summary materials prepared by the Educational Planning Office.

The plan for degree-granting programs in nursing and allied health has been designed to capitalize on the hospital's extensive experience in clinical education and to make use of the extraordinary educational and clinical resources available both within the hospital and elsewhere in the Boston area. The proposed educational endeavor is an interdisciplinary approach to the education of patient care personnel in seven disciplines; it includes graduate-level programs in nursing, physical therapy, dietetics, social work and speech pathology, and upper division baccalaureate programs in radiologic technology and respiratory therapy.

Each program plan interweaves clinical instruction and practice at the hospital and other clinical facilities with theoretical and technical

instruction meeting high academic standards. The academic plan will be supported by an organizational structure comprised of an administrative staff who complement the hospital administration and a combined, rather than departmental, faculty made up of experienced clinicians and teachers from nursing and allied health professions complemented by basic and applied scientists. An administrative and support staff of approximately 25 and a faculty of approximately 72 for a student body numbering about 324 is anticipated.

In outlining the proposed program the planning committees have identified and suggested tentative course descriptions for 29 conjoint (interdisciplinary) courses and 45 specialized courses at the graduate level, and 14 conjoint courses and 28 specialized courses at the undergraduate level, for a tentative total of 116 courses. I am using the word "tentative" and "suggested" to stress the fact that details of the program of studies, the organization of courses and course descriptions, learning experiences and methodology will be the responsibility of the faculty to be appointed for the new programs and will depend also on decisions which that faculty will make about specifics of admissions requirements such as particular course prerequisites, how the resources will be deployed, and conditions inherent in any inter-institutional collaborative arrangements which will be worked out.

In addition to various conference rooms and other teaching space within some of the hospital departments the major academic and administrative facilities are projected to be

housed in Ruth Sleeper Hall and Bartlett Hall, at least initially, with the 20 Charles Street property available as back-up space. Palmer-Davis Library will be developed as the primary library with Treadwell as back-up along with the entire inter-library network that exists with other libraries in the Greater Boston area.

The proposed MGH educational division has been designed to combine the best traditions of both university and hospital-based educational programs for health care personnel. The plans seek to provide educational programs that integrate theory and practice, that have a rigorous academic component as well as intensive clinical experience; that encourage and require interdisciplinary cooperation in teaching and learning, in research, and in patient care; and that identify, reward and build upon students' past learning and experience. The sharing of common subject matter by students of more than one discipline will foster coordination of multidisciplinary services, will avoid unnecessary duplication of effort and allow for more efficient use and development of educational resources. The resources of the educational division in conjunction with the hospital will provide a rich basis for continuing education services to the professional community. The financial plan for the educational division has been designed to remove net education costs from hospital operations. Another feature of the proposal is concerned with inter-institutional cooperation through formalized, collaborative arrangement. While formal arrangements

cannot be undertaken until MGH has secured academic degree authority, tentative explorations with some agencies indicate that collaboration might take any of a variety of forms such as:

1. Opportunities for supervised clinical practice or fieldwork experience,
2. Cross-registration privileges through consortial agreements or permission for students of one institution to enroll as special students in selected courses given by another institution,
3. Exchange privileges for use of libraries and other special facilities,
4. Joint faculty appointments,
5. Research privileges to permit graduate students and/or faculty to collect data and receive research project consultation from personnel at collaborating institutions,
6. Credit transfer and advanced standing agreements to permit students to apply course work completed in one collaborating institution toward degree requirements in another, and
7. Notification of occasional or informal academic events, such as special lectures and colloquia, to which students and/or faculty from the collaborating institutions are invited.

With this general background information, describing some of the significant aspects of the overall proposal, we can now look at some highlights of the one certificate and six degree programs which have been proposed. I will highlight a few areas.

In studying various alternatives for the nursing program, consideration was given to the following:

1) *An Associate Degree Program*

Their rapid increase in the United States and Massachusetts and the proportionate imbalance in nurses being prepared at the technical level vs. professional level makes creation of another associate degree program unwarranted and unwise. Nor could it be supported in view of the more advanced level of our present program, and the nature of MGH clinical facilities.

2) *Baccalaureate Degree Program*

Would not be practical since the hospital lacks the resources for providing the necessary and desirable *breadth* of general education experiences and the *wide range* of liberal arts resources essential to baccalaureate education. It would be neither practical nor fiscally wise to attempt to duplicate programs. There are also 9 baccalaureate nursing programs presently in Massachusetts.

3) *Master's Degree Program* with a prerequisite of a baccalaureate degree in nursing.

There are presently 3 such programs in Massachusetts and 86 in the United States.

Nevertheless, despite ambiguities and uncertainties which may becloud any precise projections of future health manpower needs, the need for more nurses with advanced preparation to carry out the more complex functions of nursing,



to extend the scope of their practice and to assume greater responsibility for decision-making and leadership in the operation of the health team, in research, in planning for and developing community health resources and services, is heard and echoes from many quarters.

4) *A Master's Degree Program* including an area of clinical specialization, for non-nurses with a baccalaureate degree in a field other than nursing.

- A. Would build nursing education on a solid foundation of general education.

Would place nursing education at the post-baccalaureate, graduate or professional level, facilitating interdisciplinary education with other health professions students and facilitate a cooperative, interdisciplinary approach to health care.

- B. Would provide opportunities to develop flexible, innovative curricula built on general education and with a solid theoretical base.
- C. Would provide a direct entry route into nursing education for the type of applicant mentioned. Only a few such programs exist, with only 2 of these leading to a Master's degree with clinical specialization.
- D. Would develop the competencies, judgment, leadership and professional quali-

ties essential to a variety of existing and emerging roles in professional nursing.

- E. Would offer areas of clinical specialization which would be developed and evolve in response to changing health care problems and made of health care delivery and for which strong clinical practicum resources would be available. Tentative areas of specialization might include child health/pediatrics, gerontology, psychiatric/mental health nursing, rehabilitative nursing and acute or intensive care nursing of adults (including a possible variety of subspecialties such as respiratory, cardiovascular, neurological, orthopaedic, medical-renal, or oncological nursing).

The proposed program in nursing is designed to be three years in length and to award the degree of Master of Science in Nursing. It is a pre-service master's program to which 50 candidates with a non-nursing baccalaureate degree and a broad general education will be appointed each year. Specific science course prerequisites have not been established but it is expected that candidates will have participated in some undergraduate courses in the social and natural sciences. The program will be designed to build upon the students' previous education, particularly in basic sciences, their experience with modes of inquiry and interests in the problems of society of the advance-



ment of health care. It will consist of basic preparation for professional nursing practice supplemented by advanced preparation in an area of clinical specialization and the development of research competencies. The program will prepare professional practitioners of nursing with the knowledge, judgment and skill necessary to provide competent caring, efficient services to people over the entire health-illness continuum, to deal with the complexities of patient care, and to practice nursing in a variety of settings, adapting to changing health care needs and changing health care delivery systems.

The Massachusetts General Hospital School of Nursing has long adhered to the belief that clinical competence and judgment are among the essential attributes of a professional nurse and therefore we wish to maintain and expand this focus by providing an opportunity to develop skills related to an area of clinical specialization, built upon a broad and in-depth theoretical base, to develop certain research competencies essential for the advancement and improvement of health care, and to develop beginning leadership and teaching abilities. We believe that such a preparation offers the necessary foundation for providing direct patient/client services (primary, acute, long term) and, with appropriate additional experience and further advanced study as necessary, for more formalized roles in teaching and leadership in the Health Care or Nursing Team.

The need to develop an appropriate level of clinical nursing

competence has also been attested to by employers expressing concern that continuing education of staff development programs are expected to assume the responsibility for cost, time and manpower in developing that necessary level of clinical competence which might rightly be viewed as the responsibility of basic educational programs.

## Curriculum

The program will consist of two phases. Phase I will include the necessary elements for basic preparation for professional nursing (see typical program of studies transparency).

Its two major components are:

1. *Foundations of Health Care in Nursing*

Content from the natural sciences and nursing will be articulated and theories applied and tested in practice.

2. *Multidisciplinary conjoint courses*

In the areas of (a) behavioral and social sciences, (b) planning for change and leadership; and (c) statistics and research methods.

Phase II will include:

1. Advanced Health Care in Nursing in which the students will pursue in greater depth the study and practice of a specialized area of nursing.
2. Electives in related science or role development courses, to be taken at local universities.
3. Completion of a research project.

Since neither of the other two pre-service Masters Programs cur-

rently in existence offers both a concentration in clinical specialization and the extensive conjoint courses with other health team members no ready curriculum comparisons can be made.

This then is a very condensed version of the several years of study, exploring and planning. The Visiting Committee has given a most encouraging and generally favorable report on the overall plan, as well as finding that the proposed nursing program met the necessary requirements according to the legal limitations /or standards within the purview of the Board of Higher Education. The Hospital Corporation has voted its support of the recommendations and findings of the Visiting Committee.

As with any such proposal for change there are many emotions which come into play. I imagine that we have experienced and re-experienced them all. But I believe that, overall, those of us who have worked closely with this emerging plan have found our convictions about its soundness and merit continue to grow rather than falter. Part of the present must always be spent on planning for the future and while one may not feel a direct benefit, there is a recognition of ones obligation and duty to make it possible for those coming after us, just as we have been fortunate to have benefitted from the plans and hopes and changes which earlier generations made possible for us.

Three years ago at the 100th Anniversary Celebration I concluded my paper with the three sentences

with which I will now conclude. "There is much work to be done; it is not a quick process; nor is there a guarantee that the necessary authority to grant a degree will be received. But we are close to a dream or a vision which many have had for the School of Nursing for many, many years. We are indeed at the threshold of history making decisions with great impact." Three years later I'll only add that I hope we move off the threshold and onto target soon, and that the count down eventually results in a super launching.

## CONGRATULATIONS

Our sincere congratulations and best wishes to Miriam Holden Fullerton, class 1905, who celebrated her birthday on January 11, 1977. Mrs. Fullerton is 100 years young.

Her address is 33 Christian Ave., Concord, N.H. 03301.

## ANNUAL ALUMNAE REPORTS FOR 1975

### *President's Report*

This past year has been one of changes. The Board voted to change the by-laws in 1975 and with the work of the committee under the fine leadership of Mary Macdonald the task has been accomplished. The first changes were presented at the 1975 Homecoming and the final changes will be presented in September 1976. We all learned about By-laws and are richer for the experience.

The Board voted to present programs for Continuing Education Units and we are moving forward with this plan. Hopefully there will be two programs each year and despite one set back we are very optimistic. The Massachusetts Nurses Association, after much planning and with legislative efforts, will be introducing education as a requirement for re-licensure. The Commonwealth of Massachusetts will not be the only state that will have its members updated in nursing practice. We are inordinately fortunate because of the rich resources in our membership and our affiliation with the Massachusetts General Hospital.

The School of Nursing has been through many changes, real and proposed, and we heard about these at Homecoming 1976.

A Centennial Review was published and those of you who have read it I'm sure share my complete enjoyment in this presentation. In addition it will be a rare source book for future historians of nursing.

Personally, my two terms as president have been enormously rewarding. I have had the good fortune to work with boards that have been foresighted and enormously invested in the association. We have had a good time working with each other. I wish future presidents my good luck.

These years have not brought one change that I wish had been effective and that is to increase our membership. The president and the board would appreciate any suggestions to make this increase a reality. We have a vital and forward looking association and our fellow graduates should be taking more advantage of our offerings.

My good wishes to you all.

—Margaret H. Anderson

### *Alumnae Secretary*

The paid membership in 1975 totaled 1425, 66 less members than in 1974.

Our first meeting for Continuing Education Units credits awarded by the Massachusetts State Nurses Association was our Homecoming Program on September 25, 1975. It created a great deal of interest. Many of the members who attended requested that we continue with more C.E.U. meetings.

The 1975 Fund receipts decreased by \$1,135.00, totaling \$6,876 with donations received from 87 less members than in 1974.

At this point I wish to express the gratitude of the office staff to the loyal class representatives, who cooperate each year in sending out the letters. They not only assist us greatly in the never ending job of updating addresses but manage to help open the lines of communication between the alumnae and their classmates.

The classes without a representative show very graphically their loss of communication as indicated by the missing addresses on their class lists.

We are pleased with the increased activity of the McCrae Loan Fund. During 1975 we made eight loans and received repayment from nine members. Eighty-seven loans have been made from this Fund.

During 1975 a lawyer was hired to investigate further our tax exemption status as we seemed to be at a standstill. In 1969 the I.R.S. became more restrictive regarding charitable corporations, both as to more tax status and as to whether contributions could be deducted by donors. In 1970 they declared us a "Social Organization," non taxable but contributions not deductible. The lawyer found that "interpretation of the I.R.S. regulations has been changing and developing and is still not settled."

She has come up with a few suggestions and a more formal report will be issued at a later date in the Quarterly Record.

The By-Laws Committee was formed. We were fortunate in having Miss Mary Macdonald, class of 1931, a most capable experienced person in the language and legality of By-laws, as our chairperson. The committee worked diligently and came up with many proposed changes which have been approved by the Board.

We are still having problems in finding members to serve on committees, and on the Board. This is your Alumnae Association, the office staff is here to serve you but we need your cooperation.

One of the highlights of the year was receiving "A Centennial Review" by Miss Sylvia Perkins. Thank you Miss Perkins for a job well done.

I would be negligent not to mention our two loyal volunteers, Miss Barbara Williams and Miss Reta Corbett, without whose assistance it would be very difficult to function. I also want to thank the Alumnae Board and Alma Cady Robbins for all their help.

—Evelyn L. Lawlor

### *Recording Secretary*

The Alumnae Board held six regular meetings to transact the business of the Association. Discussions included the making of various changes in the By-laws of the Association, the formation of continuing education programs, the recruiting of alumnae for membership in the Association, and the increasing expenses of the Association and various means of reducing them. Much time was also devoted to the preparation of the Homecoming Day program.

—Dorothy Mahoney



## *Finance Committee*

### BUDGET REPORT 1976

Receipts	Estimated 1975	Actual 1975	Estimated 1976
Membership dues	\$14,500.00	\$14,395.00	\$14,500.00
Annual Fund	7,000.00	6,876.00	7,000.00
Income from Savings	1,000.00		1,000.00
Miscellaneous	1,000.00	4,234.00	4,300.00
Trans. Bal. on hand	<u>2,050.00</u>	<u></u>	<u>3,920.00</u>
	\$25,550.00	\$25,505.00	\$30,720.00
<b>Miscellaneous</b>			
Homecoming	\$ 300.00	\$ 3,468.00	\$ 3,500.00
Cup Sales	500.00	550.00	500.00
Other Sales & Postage		116.00	100.00
Clubs	<u>200.00</u>	<u>200.00</u>	<u>200.00</u>
	\$ 1,000.00	\$ 4,234.00	\$ 4,300.00

### PROPOSED BUDGET FOR 1976

Budget	Estimated 1975	Actual Ex-penditures 1975	Estimated 1976
Secretaries & tax	\$ 7,500.00	1) \$ 7,668.46	\$ 7,920.00
Petty cash, office Unemp.			
Tax	400.00	282.13	500.00
Quarterly Record	8,000.00	2) 3,239.08	8,800.00
Printing & Post.	2,000.00	3) 1,215.97	2,000.00
Auditor	650.00		700.00
Services	650.00	679.51	700.00
Fund	<u>750.00</u>	<u>614.20</u>	<u>750.00</u>
	\$19,950.00	\$13,699.35	\$21,970.00
<b>Student Activities</b>			
Corsage & Flowers	\$ 150.00	\$ 141.65	\$ 150.00
Dinner	450.00	530.00	550.00
Ad in Year Book &			
Other act.	125.00		125.00
Scholarships	<u>1,600.00</u>	4) <u>1,600.00</u>	<u>1,600.00</u>
	\$ 2,325.00	\$ 2,271.65	\$ 2,425.00



## Meetings

Annual	\$ 25.00	\$ 13.00	\$ 25.00
Homecoming	300.00	3,424.00	3,500.00
Alumnae Rep.	<u>600.00</u>	<u>600.00</u>	<u>600.00</u>
	\$ 925.00	\$ 4,037.78	\$ 4,125.00

## Gifts & Contributions

& Schol.	\$ 2,000.00	5)	\$ 2,000.00
NLN	100.00	\$ 100.00	100.00
Christmas	<u>        </u>	<u>10.00</u>	<u>        </u>
	\$ 2,100.00	\$ 110.00	\$ 2,100.00

## Miscellaneous

Bank Charges	\$ 22.66	(Misc.— 100.00)
By-Laws	3.61	
Cap Model	25.00	
Plate Charge	<u>12.88</u>	<u>        </u>
	\$ 64.15	\$ 100.00

Lawyer's Fee	<u>\$ 250.00</u>	<u>        </u>	<u>        </u>
	\$25,550.00	\$20,182.93	\$30,720.00

- 1) Due to overlapping tax deposits
- 2) Only 2 small issues
- 3) Paid \$650.00 Jan. 1976 (late bill)
- 4) Paid \$100.00 Feb. 1976
- 5) Transfer \$2,000.00 to S.J. Fund Feb. 1976

## *Program Committee*

On Saturday, September 27, 1975, at the Parker House, Boston, Mass., the Annual Homecoming Program was presented:

Title: You — The Nurse — And Life Cycle

Speakers:

- 1) Harriet Kitzman, R.N., M.S., Co-Director, Pediatric Mass. Practitioner Program, University of Rochester School of Nursing, Rochester, New York.
- 2) Jean E. Steel, R.N., M.S., Private Practice — Adult Nurse Practitioner, Cambridge, Mass.
- 3) Anna M. Bissonnette, R.N., M.S., Assistant Professor, Boston University, School of Medicine, Boston, Mass. Geriatric Nurse Specialist.

—Mary E. Caira

## *Quarterly Record*

The employment of a new printer has been necessary because Best Printing Company has gone out of business. Increased cost of supplies necessitate changes of the magazine, i.e., type of paper and the cover. The quality will be maintained within all possible limits.

—Judith Harding Dougherty

### *Hospitality Committee*

The Hospitality Committee was responsible for two activities during the year 1975.

On Wednesday, May 7th, the Alumnae Board served as hostesses at the Buffet Dinner given by the Alumnae for the graduating class. The dinner took place in the Doctor's Cafeteria and followed a Sherry Hour. It was enthusiastically received and well attended.

At Homecoming, on Saturday, September 27th, we were responsible for the luncheon served in the Ballroom of the Parker House.

My thanks to all who helped with these events.

—Catherine R. Barrett

### *Sally Johnson Scholarship Fund*

#### **REPORT JANUARY 1975 – DECEMBER 1975**

There were 12 applications for Sally Johnson Scholarships in 1975.

Because of the large number of applicants the selection of recipients was more difficult than in preceding years. After careful review the following awards (\$1000) were made:

Nancy Wells  
Frances Piasecki  
Gayle Robinson

All three recipients were from the 1970 class.

#### **Financial Report for Sally Johnson Scholarship Fund – 1975**

Balance on Hand January 1, 1975	\$7,155.33
Receipts	1,069.12
Interest	351.12
	<hr/>
	\$8,575.57
Disbursements	3,000.00
	<hr/>
Balance on Hand December 31, 1975	\$5,575.57

\*To date the Sally Johnson Scholarship Fund has given \$33,500.00 to 48 recipients.

—Dorothy Mahoney, Chairman  
Carolyn Wortman  
Marian Saunders

## *Annabella McCrae Loan Fund – Financial Report for 1975*

Balance on hand Suffolk Franklin January 1, 1975	\$ 7,564.02
Interest for year 1975	336.83
Repayment on Loans #69, #70, #72, #73, #74, #75, #76, #77, #78	<u>2,488.86</u>
	\$10,389.71
Loans Granted:	
#79, #81, #82, #83, #84, #85, #86, #87	<u>7,000.00</u>
Balance on hand December 31, 1975 Suffolk Franklin	\$ 3,389.71
Balance on hand January 1, 1975 Boston Five Cents Savings Bank	\$14,134.03
Interest for year 1975	<u>848.40</u>
Balance on hand December 31, 1975	\$14,982.43
December 31, 1975	
Franklin Suffolk	\$ 3,389.71
Boston Five	<u>14,982.43</u>
	\$18,372.14

### *Endowment Fund*

The Committee has held no formal meetings this past year. In November, 1975, a request was received from the Committee preparing the Centennial Review for additional funds to complete the project, which includes a history of the M.G.H. School of Nursing, and a profile review of its graduates from 1920-1970. On January 8, 1976, the Committee approved by telephone vote, the sum of \$6,674 to the Committee for the completion of this project.

—Beverly J. Thoren

### *Representative to Advisory Council for School of Nursing*

The Advisory Council met monthly in the Trustees room on Tuesdays at 9:30 A.M. I attended two meetings this year. Progress of the hospital toward becoming a degree granting institution, the changes in the School of Nursing curriculum, and planning for the future were the common themes. During the year, various members of the faculty addressed the Advisory Council about the current student — teacher — learning situations. Please refer to Miss Ryan's minutes of the meetings for excellent explanations.

The Advisory Council is a dedicated group that gives of its time and abilities. Their ideas, support and interest are valuable inputs to the School of Nursing. I regret that other commitments prevented me from being more active and attentive at both Council and Board meetings.

—Mary Jane Nassar St. Amour

## *Ruth Sleeper Chapter MGH Alumnae*

The Ruth Sleeper Chapter of the MGH Alumnae Association had another successful and informative year.

Our four meetings were highlighted with the following guest speakers:

In November Dr. Neil Feins, Director of Pediatric Surgery at Boston City Hospital spoke about "Congenital Anomalies and Surgical Intervention of the Newborn."

February's meeting was well attended with Miss Ruth Sleeper and Miss Edna Lepper present. Miss Sleeper gave us a delightful account of her family life and social activities. Miss Lepper spoke of her continued part time work at the MGH as well as some of the changes that have taken place. Our speaker for the evening was Marilyn Kelly, R.N., lecturing "On the Road to Recovery" a comprehensive report on cardiac rehabilitation.

April's meeting was presented by Jan Evans, R.N., Staff Nurse in the emergency room at Beth Israel Hospital speaking on "Rape Crisis Intervention."

June's meeting had an enlightening discussion on the topic of "Death and Dying" presented by Dr. Rudolph Toch from MGH.

The Ruth Sleeper Chapter is welcoming all MGH graduates living in Southeastern Massachusetts. We hope you will join our chapter and aid us in expanding our program.

*—Mary Wallace Anderson*

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**HOMECOMING — SEPTEMBER 24, 1977**

**AT**

**HOWARD JOHNSON'S "57" MOTOR LODGE**

**200 STUART ST.**

**BOSTON, MASS. 02116**

**TEL: 482-1800**

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# A Tribute

## *Edith Dwight Gibson*

Visitors to Palmer-Davis Library may have noticed a small bronze plaque on the door to Room One which now houses the Historical Collection and Audio-Visual software. It notes the dedication of the room to "Edith Dwight Gibson, Librarian 1949-1961." In speaking to those who knew her and re-reading some of the school's records, one is struck by her concern that the Library focus on service to users; that it encourage general growth and contribute to the development of scholarship in nursing — goals which still motivate the library staff. Miss Gibson worked at Palmer-Davis on the last day of her life, assisting students in their studies. She is remembered gratefully by many former students and faculty for her wit and gentleness, which helped the school through an important transitional period of curriculum and faculty growth.

When Miss Gibson arrived at Palmer-Davis, the number of students in the regular nursing program was 216 and the graduating class was 66. By 1956 the library housed approximately 2,800 books and 150 journals, with a yearly attendance of 16,300. The library collection at present contains over 200 journal subscriptions and 9,000 monographs. Over 40,000 people visited the library from September 1974 to August 1975.

During Miss Gibson's tenure as Librarian, Palmer-Davis was housed in a large room off the Moseley Rounda. Seating capacity totaled 57, but any number beyond 40 resulted in such congestion that it was difficult to reach the shelves or leave. The Librarian had no private office and all the affairs of the library had to be conducted from a central public desk. Some faculty and students of that day remember how Miss Gibson was able to locate desired information with a minimum of clues. She appreciated the value of study time (even less was available then) and sought to help students utilize it most efficiently. She served as the entire library staff, being relieved for lunch by one of the Library Committee members. She functioned without any secretarial staff or student assistants. Her sense of aesthetics affected the decor of the library and she often brought in bittersweet and fresh flowers to brighten an otherwise dull environment.

Miss Gibson and her sister were of "another age" in dress and manner. Members of the school faculty and staff still remember them as two charming people, who resided on Brimmer Street, vacationed on Nantucket, and were well informed on the qualities and authenticity of New England antiques. Miss Gibson possessed an extensive background in the evaluation of antiques and had been employed at one time by the Boston Athenaeum. It was her interest in antiquities which led to the dedication of the Historical Collection Room to her memory in 1967.



# News Notes

The following notice was taken from the A.N.A. Convention News of June 10, 1976. The Honorary Membership Award: a diamond-encircled ANA pin, recognizes leadership in and contributions to the purposes of ANA. This year it goes to Mary E. Macdonald, director of nursing service at Massachusetts General, Boston. She has been active in the ANA Commission on Nursing Services, and was instrumental in the revision of the Standards for Organized Nursing Services. She is cited in particular for her part in defeating a Massachusetts proposal that would have melded all professional licensing boards into one, with minimal representation for nurses.

Murial A. Poulin, Ed.D (Class 1946), professor and coordinator of nursing administration, Boston University, was elected second vice president at the ANA Convention in June, 1976. Dr. Poulin is former chairperson of the ANA Commission on Economic and General Welfare from 1970-72, also served on the ANA-AMA-NLN Interorganizational Liaison Committee. She was ANA's representative on the U.S. Civil Service Commission to Study Nurse Classification from 1970 through 1972. At present, she is a member of the Massachusetts Nurses' Association board.

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## In Memoriam

- |      |  |
|------|--|
| 1910 | Florence Colby on July 11, 1976 in Chestnut Hill                       |
| 1919 | Ruth Hamilton Larkin on May 2, 1975 in Windsor, Ontario                |
| 1921 | Ruth Kapitsky Daniels on July 26, 1974 in Royal Oak, Michigan          |
| 1922 | Helen Flanagan on May 24, 1976 in New York City                        |
| 1922 | Dorothy Cayford Quincy on October 10, 1975 in Dunstable                |
| 1931 | Ruth Lawrence on July 16, 1976 in Boston                               |
| 1934 | Catherine E. Lyons (Major Ret.) on June 10, 1976 in Fayetteville, N.C. |
| 1934 | Ruth Moran Thomas on July 16, 1976 in Readville                        |
| 1935 | Anna Stokes Florcher on June 29, 1976                                  |
| 1937 | Sallie Whitcomb Price on August 13, 1976 in Magalia, California        |
-

# News . . . of the Classes

1916

Our deep sympathy to HELEN JORDON LAMB on the death of her husband Lt. Col. Alvin R. Lamb. Col. Lamb died in Dec. 1975 but we only recently learned of the loss.

1931

Kathryn L. O'Donnell

It is with deep sorrow that we report the sudden death of RUTH LAWRENCE on July 19, 1976. Ruth was a member of the September section of 1931 and was a World War veteran having served with Army's Sixth General unit as an anesthetist.

For 17 years after the War she was employed at the Overhold Thoracic Clinic in Boston as an anesthetist. In recent years Ruth had retired from nursing due to ill health and has made her home at 2 Hawthorne Place, Charles River Park.

Ruth will long be remembered by those of us who knew her for her kindness, her cheery disposition and, above all, her sense of humor.

Donations in her memory may be made to the MGH Nurses' Alumnae Association.

1934

September Section

Eva Belcher Chandler  
97 Eliot St.  
Ashland, Mass. 01721

MILDRED KERZICH WATSON

has moved back to her home in the country in Worcester, N.Y. for the summer. She hoped to go to Nashville, Tenn. in August to attend a reunion of her WW II Army unit. I told her to look up BARBARA SWETT DAVIS who, when we last heard from her, was working in the V.A. Hospital there.

DOROTHY KENISTON CHAM-PIGNY and her husband enjoyed a trip to Hawaii in April and on the way home stopped in California and had a nice visit with FLORENCE SMITH MORSE.

MIRIAM (LINDY) HAIL COX writes that her husband's health has improved. They had attended a luncheon at the City of Memphis Hospital at which Gene received an award for the most volunteer hours given this past year. Before he was taken ill he was a very active figure in the Emergency Ward. Lindy also received an award for her work in the Emergency Room and the Infant Feeding Program.

HENDRIKA VANDERSCHURR, in May, was a patient at Phillips House. She entered there for tests as a preliminary to cataract surgery. Instead she ended up with a sigmoid resection and the eye surgery has been postponed indefinitely. The Library Volunteer who came to her room turned out to be ALICE CORCORAN who has retired from active nursing.

As for myself my "retirement" keeps me busy and I volunteer one day a week as a school secretary.

It would be nice to see some more names in our column so PLEASE WRITE.

1937

Susan Robins Groff  
14 Lucian St.  
Manchester, Ct. 06040

I was pleased to get a note from CATHERINE LEONARD CROTTY in August. She and her family are fine. She had no MGH news, and said she never gets down to Boston anymore. We both agree that news from our classmates is scarce, but I guess as the years go by everyone is busy with other things.

Bill and I were pleased to have an unexpected short visit from Bill's sister, BARBARA GROFF HARVEY (1936) and her husband, Bud. They had driven up from Florida via the Amtrak train, where one gets on with their car at Orlando and disembarks at Washington. This saves about 900 miles in driving, and takes one night. From here they were going on to stop at Bill's other sister, then were to stop in Maine to visit THELMA INGALS (1936). They hoped to take the S.S. Bluenose from Bar Harbor to Yarmouth, Nova Scotia, a nice but sometimes rough trip via the Bay of Fundy, then return via Washington and Pa.

I hope that there were a few people from our class at Homecoming, which will have come and gone by the time this gets into print. Although 1977 will be our 40th, we'll have to wait ten more years for our 50th. Wow!

Hope you all had a good summer, and keep well during the winter.

1940

Madalene Brown Calogiro  
11 Vanness Road  
N. Weymouth, Mass. 02191

EDITH KELSY BERNARD sent the office a change of address: 533 W. Marshall St., West Chester, Pa. 19380. Hope any other MGH'ers in the area will give Edith a call.

A note from Helen Sherwin to the office in May reported that MARY B. CARR MANSUETO was recovering from a series of medical problems involving pulmonary emboli. Miss Sherwin often visits with Mary when she is in the area of Batavia and she says Mary looked beautiful and they had a delightful visit. Mary's address is: 23 Thomas Ave., Batavia, N.Y. 14020.

1948

#### February Section

Eleanor Gagan Nissen  
820 Anchorage Drive  
North Palm Beach, Fla. 33408

JACQUELINE FISHEL LEABMAN — her oldest son graduated from U. of Penn. and is now a psychiatric aide at McLean. He sees BARBARA GRAY CARLEEN who is working there now. Mike is a junior at M.I.T. Their youngest is headed for college in the fall. Jackie is involved with the Mass. Health Planning Council. She and her husband came to Palm Beach for a meeting in January, but we didn't get together. I know how busy those meetings can be. Better luck next time!

ARLENE WINK MCNAMARA —

# MGH CAPS

Mrs. Florence Reed  
88 Whitman, Ave., Melrose, Mass.

**4 for \$12.00 postpaid**  
(Minimum of 4 Caps)

**Prices include postage for regular mail in the United States.**

*Please add \$1.00 for Air Mail.*

Still at Kent as Ob.-Gyn. supervisor. Tom, her oldest, is back after three years in Germany and headed for Korea for a year. Jim is in his third year at the Air Force Academy.

## ROSE DAILEY MCCORRY

Rose is busy studying. She's a freshman taking the B.S.N. course at the University of Michigan. What ambition!

ANNA TOWHILL SMITH — Anna came down to visit us this year. We really had a good visit. Anna seems to thrive here in Florida. Hope to get together again soon.

Had cards (Christmas '75) from LESLIE BAYEUR GREELEY, ELIZABETH CHAPMAN ELLER, VIRGINIA GOODWIN WALDNER, BARBARA GRAY CARLEEN, RUBY SUNDEEN PHIPPS, FRANCES KISIEL ZULKIEWICZ, WINONAH MARBLE GRIESEMER and CONSTANCE PALMER.

We're fine. Chris is still at U. of

Fla. Peter is working for Ole this summer. Ole took Karen and Eric to Europe for three weeks. They've been to Denmark many times, but now they'll see Holland and France, too. Ole and I plan to fly to Boston for a week in July.

## 1959 March Section

Mary Flannery Caira  
19 Fuller Terr.  
W. Newton, Mass. 02165

ALICE WRIGHT BURD works one day a week as a resource person for Bible Curriculum at her son Stephen's school. Stephan is in the 4th grade. Miles is helping to build their new church.

GAIL KENT CLEMMER is majoring in psychology and is busy with many activities, including Planned Parenthood Board. Gerry, Gail's husband, died on April 23, 1976 follow-

ing an accident in their yard in which he suffered burns over 90% of his body. We extend our sympathy to Gail and her family.

GENE SHAFFER CORCORAN is still very busy with the Rescue Squad — she has taken an E.K.G. course plus Heavy Rescue Course. NANCY BASSETT CAMPBELL writes that everything is well with her family and she is enjoying middle-class American life and staying busy through the activities of her children.

ROSLYN RUGGIERO ELMS has completed all course and exam requirements for her Ph.D., and hopes to finish her dissertation in 1976. Alan had a major article published in *American Psychologist*, and has 2 books at the publishers.

MARILYN THAYER COTE reported the arrival of Rebecca on Labor Day 1975. Bob seems well although his lab work is still off. His Xerox territory is now Hartford, so they will be moving to Conn.

ROBERTA FITZGERALD SNYDER teaches three days a week — Mental Health Nursing at Skidmore College, where she is at three different clinical settings. Dick joined Phillip Morris just before his former employer moved to N.H. He is Vice President of Finance and Administration for their largest division. He isn't traveling as much — much to Bobbie's delight.

As for the Caira family — all is well and there is little to report just that everyone is busy. Mike is working a 6 day/week — and being tired is his only complaint. KEEP THE NEWS COMING!

Belinda Briggs Asano  
and  
M. Honor Keegan

We haven't seen any news about the class, so thought we would put our heads together and come up with what we know of recent happenings and events.

PATRICIA BARRETT ABRAMSON and husband Ronald, a psychiatrist, live in Wayland. Their first child, a boy, was born in April. BARBARA BELANGER BISETTE lives in Holden. Her husband is a physician and they had their third child in November '75. SYLVIA BOYCE CEDERHOLM and Roger live in Newington, Ct. They have two children and Syl works part time in a CCU.

BELINDA BRIGGS and Shintaro ASANO live in Concord. They had two sons: Bindy works part time at Boston Hospital for Women. VIRGINIA BUREK FLYNN and Dave have four children and live in Hingham. KAREN CEDERHOLM STRATO works part time in a nursing home. Karen, Joe and their two sons live in Burlington. NANCY COLEMAN HANSON and Peter also live in Hingham, they have three children. CATHERINE CROTTY is a nurse practitioner with Cambridge City Hospital and KATHERINE DACEY is a pediatric nurse practitioner in Acton.

JEANNE CUNNINGHAM MOR-ELLO and Dick have six children. Jeanne just completed work on her B.S. and will start work on her Masters at B.C. this fall. She also works part time!



# NEED M.G.H. CAPS?

Madalene F. Calogiro  
11 Vanness Road  
No. Weymouth, Mass. 02191

Price Change Effective December 1, 1975

3 CAPS FOR \$6.50

6 CAPS FOR \$11.00

Prices include postage for regular mail in the United States.

*Please add \$1.00 for Air Mail.*

With each order, send your maiden name and year of graduation.

CAROL DAVIS HUGHES and Ed are living in Alaska while Ed is working for the government. ANN DEMARINI GRELOTTI and her husband are living in Conn., they have two children. ANDREE FERRARIS and John MIHALYO have three children and live in Kirkland, Wash. ANNE FINLEY FALLON and Jack live in San Francisco with their two children. Anne has spent time developing her artistic talents.

CAROL GANDOLFI HILLER and Dave and two children have moved back to Boston from Hawaii where Dave was stationed for three years. Carol will continue work on her B.S. SANDRA FOX and John CHARLES have two children and are living in Texas. JUDITH GARDNER CLOSSEY and family live in Maine, where Judy works at a community hospital.

CAROL GARIPAY and Joe CARILLI and their three children have moved back to Conn. from Calif. Joe is attending Law School. LORRAINE GELINAS HARDENBROOK and Dave moved to the midwest two years ago. Where are you?

JANICE GRELOTTI NELSON, Dick and four daughters live in Marlboro. KATHLEEN GRIFFIN BROOKS and Larry with two daughters live in Fullerton, Ca. We recently saw KATHRYN HACKETT; she's working at the General and living in Melore. HONOR KEEGAN finished a Master's degree in cardio-vascular nursing and is teaching seniors at MGH. MARGARET O'NEIL just finished work for her Master's degree and teaches practical nurses at MGH.

CAROLYN KENNEY KOEHLER and George are living in Calif. and

had their first baby, a boy, in March. PATRICIA MURRAY is a clinician at Tufts Medical Center in Boston. GAIL O'SULLIVAN and her husband live in Maryland where Gail is a clinical specialist in one of the hospitals.

BARBARA PODGURSKI DUNDERDALE and husband live on the South Shore with their children. Barbara works part time in the Phillips House. NANCY RUGGLES and husband live in Gardner where she works in a CCU part time. LINDA SKOGLUND HOWELL and John have two children and live in Longmeadow.

CYNTHIA STEWART MILLER and Chris live in Portland, Me. They have two children and Cindy is a nurse practitioner for a pediatrician. KENDRA SWANSON and Joel DAVIDSON live in Acton with their three children. JOSEPHINE WILKINS BIRDSEY and husband and their two children are renovating a house in Newton and Jo works part time at Logan Airport Clinic.

JUDITH WILLIAMS PARKHILL and Sam have two children and live in Winchester. BARBARA WILSON MAHONEY and "Mo" live in Randolph. Barb is clinical leader on Bulfinch 3. CLAIRE WYCOFF YELLAND and Winston live in Acton. They have twin boys, age 10. Claire works part time in a nursing home.

We would love to hear any more news. We may have missed some important information. Any volunteers to fill in the gaps?

1965

Linda Botti Kirsch  
4161 Donald Drive  
Palo Alto, Ca.

Am working toward a B.S. in Nursing at Sacramento State College; have 2 quarters to go. Also work part time in labor and delivery at Stanford Hospital. Had worked up until 2 years ago, as head nurse on psychiatry but went to part time after our daughter, Dana, age 18 months, was born. When visiting back east saw KAREN BAKER SULLIVAN and son Scott. Karen had worked at Beth Israel as an inservice instructor prior to Scott's arrival. Also visited MARY-JO MANSFIELD ZINGARELLI who works part time at MGH.

(Capt.) Sharon Kane Thomas  
032-36-1484  
TUSLOG Det 47 P S C Box 378  
APO New York 09289

Hello to everyone from Adana, Turkey. Jack and I are presently stationed here at Incirlik C D I (Air Force). I could write a book about our life, there is never a dull moment. The arms embargo went into effect the day after we arrived and it has been a day to day challenge ever since — especially since we do not live on base.

This part of the world is so rich in history, but so poor otherwise. I am truly enjoying it and only wish that Jack had more time off to travel. My job title is OB/GYN Nurse Practitioner and I have really benefited from being a member of the Air Force Nurse Corps. Would love to

hear from anyone — or why not visit?

## 1968

H. Linda Dokurno Alexander  
3499 E. Bayshore Rd. #4  
Redwood City, Ca. 94063

Haven't seen anything from our class for a while, so I thought I'd try to start the ball rolling.

I've been living in the San Francisco Bay Area with my husband, Wayne, for almost seven years now — and I still love it here. I'm still working full time, now as head nurse in a transitional care unit. Worked almost 8 years in ICU and CCU; it's a nice change.

CHRISTINE DOCKAM has been out to visit several times, and we hope for another visit this year. It sure would be nice to hear what the rest of you are doing!

## 1969

Christine Merski Niro  
27 Emmons St.  
Milford, Mass. 01757

This note is mainly to announce the birth of our first child, Richard Francis, who was born April 26, 1976. Frank and I are really enjoying being parents. Prior to Ricky's birth I was teaching Med-Surg. at Framingham Union Hospital School of Nursing. Hope to go to school part time for my master's while I'm home being a mother. Would love to hear what everyone else in the class is doing.

## 1971

Sandra Botti Townsend  
827 Hierra Court  
Los Altos, Ca. 94022

Moved out her four years ago, worked one year in psychiatry and the rest of the time has been spent in dialysis, which I really enjoy. Am presently working towards my B.S. with plans to graduate in Dec. While visiting the East I had time to visit MARY MURPHY FISHER who is a head nurse at Carney Hospital. I hear that DEBORAH AZARIAN MCGRATH is planning to spend a year in Italy with her husband Tom. She hopes to find a job nursing there.

CHRISTINE WONG is moving out here from N.J. She plans to stop by and visit on her way to Los Angeles. She had left Stanford's Intensive Care Nursery to go back east to be near her boyfriend John. Now they are both returning to the sunny West.

I would appreciate it if anyone could give me Jean Benson's address. She lived in Sudbury the last I knew.

## 1972

Carol Lenehan Vail  
1287 Adell St.  
Prattville, Ala. 36067

Since graduation I have gone through several nursing "culture shocks." Was a staff nurse, general med-surg until Dec. '72, then charge nurse 3-11 in ICCU for 6 months. Went to Haiti in July '73 to do volunteer work in a rural clinic of one month, what an experience! Moved to Canada in April '74 where

I helped to set up a brand new ICU-CCU in Nova Scotia. Moved back to Alabama in Nov. '74. Had a baby girl, Sandra, on May 21, 1975. Am now on 11-7 in an ICCU, part

time. Learned much and loved it all.

We miss Massachusetts a lot. Plan to return some day. Would love to hear from y'all.

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### **Procedure Manual**

"The Massachusetts General Hospital Manual of Nursing Procedures" has recently become available in printed form. It can be purchased through:

**Little Brown and Company  
34 Beacon St.  
Boston 02108**

The cost **\$8.95** postpaid. If you wished to be billed you must pay cost plus postage.

# CLASS NEWS

SECTION AND YEAR OF GRADUATION

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STREET ADDRESS

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# THE QUARTERLY RECORD

Massachusetts General Hospital  
Nurses Alumnae Association, Inc.

Bartlett Hall

34 Blossom Street

Boston, Massachusetts 02114

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# the quarterly record

OF THE

MASSACHUSETTS GENERAL HOSPITAL  
NURSES ALUMNAE ASSOCIATION, INC.

APR 21 1977

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*Winter 1976*



THE  
*Quarterly Record*

OF THE  
MASSACHUSETTS GENERAL HOSPITAL  
NURSES ALUMNAE ASSOCIATION, INC.

This Magazine is Published in the Spring, Summer, Fall and Winter



**MASSACHUSETTS GENERAL HOSPITAL NURSES  
ALUMNAE ASSOCIATION  
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BEVERLY THOREN (1952)

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**ALUMNAE OFFICE HOURS:**

Tuesday & Wednesday, 9:00 a.m.-3:00 p.m.

Telephone: 726-3144

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**WHERE TO WRITE**

Contributions to the Loan Fund and Requests for Loans: Alumnae Office. Make checks payable to the Annabella McCrae Loan Fund.

When Someone is ill: Alumnae Secretary, Bartlett Hall, 34 Blossom St., Boston, Mass. 02114.

Sick Relief Application and Dues: MISS MIRIAM HUGGARD, Alumnae Office, Bartlett Hall, Massachusetts General Hospital, Boston, Mass. 02114

Requests for Membership, Alumnae Dues, Changes of Address and General Information: MRS. EVELYN LAWLOR, Alumnae Secretary, Bartlett Hall, 34 Blossom St., Boston, Mass. 02114.

# THE QUARTERLY RECORD

OF THE  
MASSACHUSETTS GENERAL HOSPITAL NURSES  
ALUMNAE ASSOCIATION, INC.

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## QUARTERLY COMMITTEE

Editor	Alice Yancey Conlon 83 Martland Ave., Brockton, Ma. 02401
Chairman	Judith Harding Dougherty

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*Subscription to the Magazine is included in the dues of the members of the Association*

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All communications for insertion in the *QUARTERLY* can be sent to the  
OFFICE OF THE ALUMNAE SECRETARY or directly to the EDITOR

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Memo to contributors. Material should be sent not later than March  
1st, for the Spring *QUARTERLY*; June 1st for the Summer issue;  
Sept. 1st for the Fall issue; and Dec. 1st for the Winter issue.

## NOMINATIONS SOUGHT

“In the first issue of the *Quarterly Record* after an annual meeting, the Nominating Committee shall ask the fully privileged members to submit names of nominees for all offices to be filled at the next annual meeting. Such names shall be submitted for consideration only. Names of such nominees shall be submitted to the Nominating Committee not less than twelve weeks before the next annual meeting.”

*Bylaws:* Article VII, Section 4

Nomination suggestions are for the following slate:

Vice President (2 years)

Treasurer (2 years)

Board of Directors – two members (2 years)

Representative to the School of Nursing Advisory Board

Send suggestions to Honor Keegan, 34 Parkman Street, Brookline, Massachusetts 02146.

# M.G.H. Revisited

MARY MACDONALD, R.N.

*Director, Department of Nursing*

Report presented at Homecoming 1976

As a frame of reference for my comments this morning I went back to the petition of January 1811 to the General Court of Massachusetts by the MGH founding fathers for "the utility of a grant from the legislature in aid of a hospital in the town of Boston for the sick and the insane". I assure you that their effort has been realized with a super abundance of the sick — our clientele and an increasing number of the insane — in the person of the institution's staff, including yours truly.

The founding document clearly emphasized the teaching and research intent of the founding fathers. One finds such statements as "experience it is well known in the school of physicians and surgeons" and "the advancement of medical science is in direct proportion to the means of practical information" and "here are assembled cases of all varieties of disease; the tenderness and watchfulness of the nurses; and the certainty of every alleviation to the suffering to which the patients will admit, are sure means of attracting all who are proper objects of relief to take the benefits of this institution".

As we meet here today in this bicentennial year to discuss the

present and project the future of the institution's care, teaching and research mission; one must acknowledge complete fulfillment of the founders dream: 1084 beds, 9 intensive or special care units, an average of 100 admissions and discharges per day, over 200 seen daily in the Emergency Ward of which approximately 50 are admitted, an occupancy rate of 100% for the Baker and Phillips House with a total occupancy rate of 93 - 96%. On Friday morning 139 patients were waiting admission to the Baker and 31 to the Phillips House.

There is no question about the founding fathers projected assemblage of students — no longer limited to the discipline of medicine. There are close to 300 clinical and research fellows, 400 interns and residents, more than 500 students of nursing, to say nothing of the other health care learners. These include social workers, dietary interns, respiratory therapists, et al, who roam the units daily in search of a clinical laboratory in which to learn and expand their knowledge and skills.

There is no question about the founding fathers projected assemblage of clients and patients either in

bed or ambulatory. In addition to expanding on our campus ambulatory facilities now through a series of health centers we serve the communities of Charlestown, Chelsea, Revere-Winthrop, East Boston and most recently the North End. I spent the weekend attempting to arrange for the admission of three patients with critical burns to an already filled 10-bed burn unit. One patient was a transfer from a local teaching hospital who admitted they could not take care of the patient, one of their employees. The second patient was a transfer from a suburban hospital who could not take care of a 16 year old with burns from high tension wires. The third, a patient with steam burns being transferred from another area. In addition to this we had a patient coming from Rome with an unknown lung disease; a Uranian, 13 year old, who was coming for rehabilitative services; and a 16 year old girl from Kentucky with a diagnosis of cancer coming for a vulvectomy. These patients were in addition to the many numbers of the medical staff seeking care and services for their private clientele.

Lastly, there is no question that the institution has reached the apogee of its reputation of national and international greatness, the dream of the founding fathers in 1811. Something has happened on the way to this forum. This institution and the school of nursing were spawned in an age of rugged individualism and voluntarism where people banded together for the good of all. Physicians cured, nurses cared, family and neighbors supported, people paid in cash. There were no third

party payers, credit cards or great society programs.

Things have indeed changed even in my nine years as director at MGH. I have witnessed the impact of a number of forces both external and internal. Several years ago in her annual report, one of my administrative staff likened the MGH to a train drawn by a powerful engine. A train consisting not of empty box cars but rather of coaches teaming with clients and patients of all sorts; professional resources of all sorts; support resources of all sorts; technological methodology and resources of all sorts; steaming on its way in pursuit of continued excellence in service, teaching and research. With limited physical facilities — 1084 beds, limited fiscal resources and equally important limited human resources, the engineers of our railway system are faced with some slow down decisions in the face of a rapidly deteriorating track. The basic issue, again in the words of our founders rest in the question of how many eminent mentors; how many learners, how many varieties of disease, and more recently how many patterns of health care delivery can the institution with its currently prescribed physical and fiscal limits, afford, if excellence is to remain the goal. The story is no longer the best we can give, it has been changed to the best we can afford. This is the formidable challenge in the remainder of the decade.

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### EXTERNAL CONTROLS

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When I returned to MGH nine years ago it was free to charter its own course and its own destiny and



to determine its new programs and services; this is no longer true. In the face of governmental controls, State and Federal, the MGH is having its destiny as are other health care institutions, dictated at the State and Federal levels. I have seen the advent of Certificate of Need legislation which does not allow us to establish a program or any change in any service that amounts to more than one hundred thousand dollars without permission from the state regulatory board. Even to put air conditioning in the cafeteria required months and months of delay waiting for a vote from The Hill. I have seen the impact of the Rate Setting Commission. We can no longer establish our day rate or our cost per service without permission of a state regulatory agency. I have seen Utilization Review legislation and witnessed its impact on our ability to admit to care and to discharge patients.

In the upcoming election here in Massachusetts there is a referendum for the vote on the flat rate utility for Boston Edison Company. If that flat rate is passed it will cost MGH six hundred thousand dollars. What does that mean? It means twenty dollars on a patients bill for a 10-day stay as opposed to \$1.50 saving for the consumer on the basis of that same 10-day stay.

In December 1975, our malpractice insurance was up for renewal. In 1965, we paid a premium of \$426,000 for malpractice coverage for the employees. That covered 50 million dollars in terms of malpractice of which we paid the first 1/2 million dollars. The premium presented by the same company for

1976 came to 2.6 million dollars for 20 million dollars coverage of which we would pay the first million dollars. In the history of payments at MGH we have never paid more than \$36,000 per year. A loss of freedom is disconcerting to the administration, to the physicians and to members of all the other professional staffs, including nursing.

We find ourselves besieged with demands for services and programs which we have potential to deliver: sudden death syndrome — MGH is the regional center for the apnea babies; phototherapy — with the breakthrough in psoriasis; cardio-vascular advances and critical burns is to name but a few. We are strangled by constraints and regulations from outside MGH. Our potential to deliver to the sick and the insane is crushed by lost control. Some how, some way, we have to get to our consumer. Despite the gloom of the present and the uncertainty of the future the institution is moving ahead in an attempt to meet its commitments to society.

Now to some of the developments of the past year and some plans for the future. On May 22, 1976, the clinical units in the Gray Building were ready for occupancy. Gray 1, 2, 3, 4, and 5 have been open but the clinical areas have not. This will be the future location of the Bulfinch Nursing Service. On May 22nd, White 9 the rehab unit and White 8 the combined Baker urology and dermatology unit moved to the new Gray floors. White 8 and 9 are being completely renovated. The name of the floors from Gray 6 up are called Bigelow Tower in memory of the late

Dr. Bigelow, one of the MGH trustees. Located now in the Gray Building are:

White 8, Baker G.U. and Dermatology on Bigelow 6 and 7

White 9, Rehabilitation on Bigelow 8 and 9

White 10, General G.U. on Bigelow 10

A new neuro-medical, neuro-surgical ICU and intermediate care units on Bigelow 11

It is expected that White 8 and 9 will be ready for occupancy in June 1977 and the units will move back from the Gray Building. At that time the Bulfinch floors will move to their new area in Gray.

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### NO PATIENTS IN BULFINCH

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There has been a Bulfinch planning group working for over a year on projected plans for that building. This is a multi-disciplinary committee which makes recommendations to the General Director and Board of Trustees. There is agreement by the membership of the committee that there be no patients in the Bulfinch area. This means the transfer of the psychiatric service and Bulfinch 4, the research unit. With the current recommendations, the basement and Bulfinch 1 and 2 will be used for replacement of the Treadwell Library, the Palmer Davis Library and a series of classrooms. Bulfinch 3 and 4 will be used for laboratories.

On September 12, 1976 the kidney transplant unit, a 2-bed unit which had been on White 12, was moved to Phillips House 8. We now have a new expanded unit on Phillips 8 - 7 beds in total. Three intensive care beds and 4 intermediate care

beds. The renal dialysis unit still remains on White 12 because of Certificate of Need. The renovation of Phillips 8 had to be kept under \$100,000 so the project was not completed at this time. The next step will be the construction of a renal dialysis unit on Phillips 8 and the complete operation moved from White 12.

White 12 consists of a 10-bed burn unit, a private service under the direction of the so-called Burn Associates headed by Dr. John Burke. A grant proposal has been prepared which comes to approximately 2 million dollars to develop and build a true intensive care burn unit. It is hoped that these funds will be available under the Emergency Care Act. Despite the fact that we are not officially recognized as a burn unit, unofficially every burn patient from Maine to Rhode Island is transferred to the Emergency Ward at MGH.

We are already increasing the number of operating rooms. Eight additional rooms plus a new recovery room are planned. We now have an 18-bed area on White 3A and a 12-bed acute area on Gray 3A. With changes in the operating rooms and recovery rooms there will be 42 recovery room beds plus additional beds in the intensive care on Gray 3A. On Baker 11, the former operating rooms have been transformed into a surgical day care center where we admit and do minor surgery on up to 45 patients a day. Over 100 operations are done daily in the regular operating rooms plus up to 45 in the surgical day care center.

Plans have been developed for an ambulatory care center at a cost of

25 million dollars. The last proposed site was in the location of Walcott and Moseley with a connection to the White Building. The surgical day care center would be located in Ambulatory Care Center. The whole aspect of ambulatory care at MGH has been recognized. Instead of clinics with house officers and student staff with senior men covering, it has now been organized into group practice and the senior men direct the care. These senior men have their offices, secretaries, etc. in the Clinic Building. This is a move of the future. The intent is for one standard of care for both the private and the service patient. It is anticipated that the private physicians will move their offices from the Warren Building to the new Ambulatory Care Center. It is also anticipated that there will be solo practice, group practice and private offices.

White 6 and 7 will be the next two floors to be renovated. The whole move is toward one standard of care and one type of accommodation with semi-private and private facilities. The White 6 and 7 renovation is projected at 5 million dollars.

The Cox Center, the cancer treatment center, has been built and has some floors open. Tumor Clinic has been moved to the Center where we have radiation medicine, medical oncology and surgical oncology units. The upper floors will be used for a variety of laboratories and for the respiratory therapy department.

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### REGIONALIZING SERVICES

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In terms of regionalization: Phillips House 2 and 4 are medical units with a coronary care unit of

6-beds on Phillips 2; Phillips 3 is orthopedics; Phillips 5, 6, 7, and 8 exclusive of the transplant unit are for general surgical and some medical patients. Baker 3 and 4 are for neurology; Baker 5 and 6 are medical; Baker 7 and 9 are orthopedics; Baker 8 and 10 are surgical; Baker 11 is presently transient operating rooms and Warren-Baker 12 is an intermediate cardiac surgical unit. When I came to MGH, 5 cardiac surgical cases were being done weekly — now 5-6 are done daily. In a recent study, the amount of time spent by the registered nurse from the surgical (cardiac) intensive care unit on Warren-Baker 12 in transferring patients amounted to 14.3 hours daily. This is just to move patients and bed and an RN must go with the acutely ill patient.

To continue with the regionalization: White 5 — orthopedics; White 6 and 7 — general surgery; White 9 — rehabilitation; White 10 — urology and White 11 — neurology. White 10 and 11 are connected with Bigelow 10 and 11. Vincent 2 and 3 are for GYN and Dr. James Nelson has been appointed chief of service replacing Dr. Ulfelder. Burnham 4, 5 and 6 are pediatrics. Dr. Talbot has retired and a new chief is to be appointed.

We have moved ahead with the decentralization of nursing service. Miriam Huggard, class 1931, is retiring as assistant director at the Phillips House after 45 years at MGH. Betty Sheedy, class 1953, will replace Miss Huggard and will become the nurse administrative officer of the Phillips House and later the Baker. Assistant directors of multiple services are being replaced by chairmen of ser-

vices and these chairmen will go across buildings. Dr. Reagan has been appointed chairman of Baker 3 and 4, White 11 and Bigelow 11. Appointments have also been made in the areas of operating rooms, pediatrics and intensive care. We have yet to organize the areas of medicine, general surgery, orthopedics and GU-GYN. We will have one nursing

service and people will not be hired for a ward but rather for the service.

In my opinion there is no question that nursing at MGH has the full support of the Board of Trustees, of the Administration under Dr. Sanders, of the Chiefs of Services and certainly my own staff. It is a trying time and we are being pushed but I think in the end we will win.

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## A CENTENNIAL REVIEW, 1873-1973 OF THE MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING

The committee, which is responsible for the publication and sale of the *Review*, has been interested in the responses to publicity in nursing publications and a review in the *New England Journal of Medicine* (9/16/76). Libraries of university medical schools and nursing schools and individuals from Maine to California have ordered copies.

The Stinehour Press, which has stored the type for us until we could see how sales progressed, asked for our decision about a second printing by January 1977. The committee authorized an order for delivery in April.

Anyone involved in publishing is aware of the greatly increased costs. Postal service charges add more. We are informing you now so that MGH School of Nursing graduates may order a copy of the *Review* before the price is raised and a postage/handling charge is added.

Make checks for \$11.95 payable to H. G. Lee, Treasurer, and mail to Sylvia Perkins, One Rip Road, Hanover, NH 03755.

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(The following review appeared in the September 1976 issue of the *New England Journal of Medicine*)

The scope of this book is even broader than its title suggests. It covers the period from nursing in earlier days of America to nursing education in the early 1970's, provid-

ing the scenes and climates in which the school was founded and developed. Some history of the Massachusetts General Hospital is reviewed as a background to the establishment and growth of the School of Nursing.

The problems, disappointments, successes and failures that surrounded the growth of the School of



Nursing are described in an honest, forthright manner. The account of the many dedicated people who served the school in its first century is impressive. The book recounts the birth and growth of the nursing school in depth, encompassing the social as well as the educational aspects of the "building" of the school. Contributors to the development of the educational program are named and often associated with anecdotes that add a light touch for the reader. Many of the names are familiar as persons who have made major contributions to the field of nursing.

The author has warm, personal style of writing that keeps the reader

stimulated to read on. Although the book was written primarily for those closely associated with the Massachusetts General Hospital School of Nursing, I believe it would be of interest to most nurses, because this hospital school is so well known and because of its association with other Boston nursing schools. Furthermore, the book is written so that it is not necessary to have a nursing background to derive pleasure from reading it.

—*Constance W. Milner, R.N.*  
*Lasell Junior College*  
*School of Nursing*  
*Auburndale, Ma.*

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## WORCESTER COUNTY M.G.H. CLUB

The Worcester County MGH Club met at the William Paul House in Holden, Mass., on September 15, 1976. There were ten members present: Janice Prouty Howland (1962), Janet Mortimer MacMillan (1962), Margaret Tenny Harding (1962), Alleyne Allrecht Foley (1948), Madeleine Hamel Hoelsch (1944), Esther Fessenden (1928), Phyllis Ward Robinson (1946), Annette Heinzle Desmarais (1944), Barbara Williams (1920), and Muriel Settle Pollack (1942).

The group is anxious to have new or old members join or rejoin our group. We meet twice a year in the Spring and Fall for a dinner meeting — usually a social get together. We have an active and inactive list and would like to have names added to both lists. Anyone in the Worcester area interested in joining the group may contact Muriel Pollack (Mrs. Robert), 1248 Ashby State Road, Fitchburg, Ma. 01420, Tel: 343-7507. Or you can contact any of the people mentioned above that you know. We would really like to hear from you.

—*Muriel Settle Pollack*



# News . . . of the Classes

## 1911

Florence Glass Hay notified us of the death of her sister SARA M. GLASS on August 22, 1976 at Carleton Manor, Woodstock, N.B. During WWI Miss Glass served overseas with Army and following the war remained in Germany with the Occupation Forces for several months. For many years did private duty nursing at the Phillips House. She returned to New Brunswick in 1968 and until 1971 made her home with Mrs. Hay. Since an illness in 1971 Miss Glass made her home at Carleton Manor. She was survived by three sisters, Mary (MGH 1912), Eva and Florence.

## 1912

Florence Glass Hay has also notified us of the death of her sister MARY GLASS MILLER on October 25, 1976 in Woodstock, N.B.

## 1922

Adaline Chase  
45 Chelfield Road  
North Hills, Pa.

Attending Homecoming were ADALINE CHASE, FILOMENA di CICCIO, HELENE LEE, GERTRUDE LUFF PHINNEY and RUTH SLEEPER. We were saddened to learn of the recent death of STATIRA JOHNSON GRUPPE. September 1977, we

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## IN MEMORIAM

- 1908 Florence Merrill Dunnack on August 19, 1976 in Augusta, Maine
- 1911 Sara M. Glass on August 22, 1976 in Woodstock, N.B., Canada
- 1912 Mary Glass Miller on October 25, 1976 in Woodstock, N.B., Canada
- 1921 Lilain Lesure Hallinan on June 4, 1976 in Plainville, Connecticut
- 1922 Ruth B. Newcomb in Falmouth, Massachusetts
- 1922 Statira Johnson Gruppe on September 3, 1976 in Utica, New York
- 1923 Irene Derry Pierson on December 18, 1975 in Spencer, Indiana
- 1926 Helmi Salmi Junnula on August 24, 1976 in Rochester, Minnesota
- 1931 Sadie Tibbetts Eaton on February 7, 1976 in Vienna, Maine
- 1936 Louisa Cronin Fry on November 6, 1976 in Montclair, New Jersey
- 1936 Sallie Whitcomb Price in August 1976 in California

will have our 55th anniversary. Plan now to be in Boston for Homecoming and make it a gala reunion.

A letter from GLADYS CLAPP WEED tells of her move to California where she and her husband are enjoying living in an adult condominium. In spite of three fractures of the same leg in the last eight years, she can walk well but does use wheelchairs a lot. Her address: Mrs. Albert Weed, 6060 Montgomery Beach, San Jose, Calif. 95135.

### 1936

Marjorie Goldthwait Richardson  
386 Riverway, Apt. #8  
Boston, Mass. 02115

There is a great deal of news this time and I will try to condense it as much as possible.

Sadly I must report the deaths of two of our classmates; SALLIE WHITCOMB PRICE in California last August and LOUISE CRONIN FRY in New Jersey in November.

Six members of the class attended Homecoming this year and seven were at a dinner the night before, held in honor of our 40th anniversary. Those present were MARGARET HAZEN ALLEN, MURIEL KEARNS BRODSKY, JULIE DeMANE CROFOOT, ELEANOR DELANEY HALTON, who was accompanied by her husband, Ned, EVELYN LYONS LAWLOR, BARBARA VIVIAN PAYNE and myself. It was the first time Julie had been back to a reunion. Her special news is that her daughter, Julie, has entered the School of Nursing at MHG this fall.

While planning the dinner I had

some contact with several other classmates, and although none had any world-shaking news to report, I did hear from LOUISE EMERSON HOWE, RENE VANDERSLOOT STEWART, RITA KEANE MURPHY, EDITH LEE MacCORMICK and ANN SARGENT McKINNON. Mickey also brought us news of Dubby (FRANCES) SMITH DONAGHY. Ann and her husband have retired and are living in Florida.

Later I had a letter from THELMA INGLES who is now living in LaJolla, California. She has some health problems but sounds active and is still travelling!

I had the pleasure of attending a duo-piano concert in Hingham, given by LOUISE HOWE and her partner. Louise (Edna) has kept up her musical skills that gave us so much pleasure while at MGH and gave a professional and most enjoyable performance — and she *looks* marvelous.

We received a very moving tribute to a classmate, Barbara Vivian Payne, from her daughter, DIANE BAKER, who is also an MGH alumna. She described Barbara's work as a school nurse and told of her active life including church work and the loving care of her mother, now 89. It is not often that children are moved to write so warmly about their mother and Evie and I wanted to share this with you. Barbara was at Homecoming and the dinner and she, too, looks marvelous.

My own special news is that my daughter, Martha, graduated from nursing school and did well on State Boards. She is attached to the Dialysis Unit at Strong Memorial Hospital in Rochester, N.Y.

1937

Agnes Lang Reynolds  
Cedarville Landing RFD #5  
Plymouth, Ma. 02360

The weatherman was with us for HOMECOMING at the new Howard Johnson Motor Lodge in Park Square. Sad to say our section had the usual bad-showing with only MURIEL SIMPSON MacAFEE, EVELYN CURLEY KING and myself present — better than last year with just Evelyn and myself, and the year before when I was the sole member! ETHEL McCULLOUGH SULLIVAN represented her group. So many of us live in the Boston area, too! Let's make the supreme effort next year for our fortieth! It is so good to see old and familiar faces after so many years. The speakers were so good and it is interesting to learn what is happening at MGH — both building-wise and with the projected plans for The School of Nursing.

As for me personally — we moved to the Cape area to our former summer house two years ago when my husband sold his dental practice of thirty-years in Holbrook. A year ago he opened another office in Buzzards Bay on a part-time basis and I am working with him. We have lots of time for golf and beach and yard work and love our new way of life! Our three got married in the year we moved here. We went to Germany for Rob's as he is stationed there with Military Intelligence, and we are anticipating their return in December. Toddy was married at our church in Sandwich and lives in NYC. Peter was married at Lake

Superior in Michigan and taught last year in England and this year in Germany. We miss having them nearer home but it gives us a good excuse for traveling.

Evelyn's family is scattered but her son Jack is a practicing attorney in Danvers and their State Representative. I've seen him on TV now and then too. Ev is a school nurse in Danvers.

Bunny has two married children — Barb near-by and Bruce in California. She has worked at the Brockton Hospital in several supervisory capacities over the years but has recently been made Head of the Health Services for Employees there and is enjoying that.

With all the new postal buildings going up they have seen fit to change our address again. Anyone caring to write, may reach me at the above address.

1939

### September Section

Yvonne Goethel Ciesluk  
298 Weston Road  
Wellesley, Ma. 02181

There were only two members of our September Section present at Homecoming this fall: WINOMA BEHR SMITH and myself. BARBARA PETERSON and RUTH HADDON TURNER represented the February Section.

GRACE BABCOCK GATCOMB wrote that she stepped through a rotten step in an old cottage and fractured her pelvis, while on vacation in Maine this past summer. She didn't feel that she would have recuperated sufficiently to be able to

join us.

EUNICE WHITE DOTY wrote that she would be attending a wedding in Ohio that weekend. HONOR STANTON KRON also wrote to say that her daughter was being married at that time.

NONIE and I took the hospital tour after the luncheon as we had not seen some of the new buildings. BARBARA YUTRONICH NOONAN joined us for cocktails and dinner and "nostalgia".

I hope more of you will be able to attend next fall! In the meantime, please do keep sending me your news.

**1940**

**September Section**

Madalene Brown Calogiro  
11 Vanness Road  
N. Weymouth, Mass. 02191

I received Christmas cards from several of the girls but very little news. JULIA BINNS CADY is still working but slowing down on outside activities. She finds the house extremely quiet now that her youngest is in college.

ESTHER SNYDER STOCKLIN missed Homecoming because she was on vacation in S. Dakota sight-seeing thru the Badlands, the Black Hills and everything along the way. ELIZABETH PRITCHARD DUNBAR said her big news was her six month old granddaughter. BARBARA PICKETT MALONE was remembering our days at MGH as she read and enjoyed the Centennial Review.

I particularly enjoy MARY SPIN-

NEY LOWE'S card each year, they have been of various birds at her feeding station. I envy her for the variety of birds she must see. Molly is well and had talked by phone with VIRGINIA BELL ECKHARDT. Ginny is also well and still maintaining her own home from her crutches and wheelchair, a real determined gal.

**1943**

**September**

Martha Seaworth Kelland  
39-25 65th St.  
Woodside, N.Y. 11377

CONSTANCE SMITH ZULLO writes of their family; "Janet is at the State University this year taking a Zoology Major, works at the New England Conference Center in association with the school. Anthony has one semester of Humanities to do before graduation, having a whirl at work and supporting himself and will return to college in Sept. '77. Mike is at home, job hunting, got his first deer, is interested in conservation and wild life, may go into the military. Patrick is a sophomore at Plymouth State College. Jennifer is a high school sophomore, average student, active in hockey and basketball. Alexandra is doing well in second grade, lively tempered, active and a bit spoiled, resembles Janet somewhat. Connie's address is RFD #1, Box 37, Claremont, N.H. 03743.

Ann, 2nd daughter, 3rd child of Joseph and STELLA O'MARA ZANCA was married in Sept. 1976. Son, James is also married. Jane is super with her Spanish and using it in her work. Barbara the youngest is at home. Stella continues to work

weekends as supervisor in Flushing Hospital. The address is 137-08 64 Road, Flushing, N.Y. 11367.

Charles and I spent August to November in Rockford, Ill. where I had a subtotal thyroidectomy on October 22nd. After having no days off for sickness during training, I had from May 29 through October. Spent the month of November with family in Minnesota and N. Dakota and expect to be back in N.J. in mid-December.

**1951**

**September Section**

Marion Decker Manes  
211 River View Lane  
Centerville, Mass. 02632

Well, our 25th has come and gone, and the grand total of 15 of us were present. Not only was the small number disappointing, but we weren't even all seated together. Before luncheon we were jammed into the corridor — couldn't have a conversation due to the noise. After lunch we all gathered at one table to visit, but were all but swept up with the crumbs by the clean-up crew, so we gave up and went our own ways. The tour at MGH never started until 4:30 and I don't know of many who wanted to stay so late. I don't know the reason for having Homecoming at Howard Johnson's, but I hope they don't try it again, and I think I'm speaking for the majority. Since we couldn't hear each other, everyone jotted a few lines.

**BARBARA WHITLOCK SUTHERLAND** is completing her BS degree at N.E. College this Fall and

still working at Great Bay School and Training Center, a facility for the handicapped and retarded. Her son works for G.E. in Pittsfield, Ma. and daughter is a senior at Radcliffe. Whit's life has settled down and she is happy in N.H.

**JOAN VAILLANT PARENT** is supervisor at Madonna Hall School for Girls, as well as school and infirmary nurse and teacher. She is taking courses at Worcester and Framingham State College, working toward a degree. Her daughter is in pre-veterinary medicine and her two sons are in grade school. Joan volunteered to take over the job of Alumnae Secretary for our class when I'm ready to give it up. Guess I'll hang in a little longer, Joan, but I'll remember your kind offer, thank you.

**ANNE ZANIEWSKI KUTLOWSKI** still loves N.H. She is substitute school nurse and does occasional private duty. Her oldest son is a junior at Lowell Tech, two others graduate from high school next year, one is a sophomore in high school, and a 10 year in 5th grade keeps her young, she says.

**ALICE ADAMS SOUTHWORTH** has a new address: 1701 Maumee Drive, Defiance, Ohio 43512. She is on the Board of Directors of a day school for mentally handicapped, and also of a sheltered workshop for both mentally and physically handicapped. She has two sons and a daughter.

**MARY CARLSON CAMPION** works part-time in ICU at Leonard Morse Hospital in Natick, has 5 out of their 8 children thru high school and is a Grandma. Husband Bob is



Ass't. Clerk of Court.

MARY HAGERTY FORD is a head nurse on a Med-Surg floor. Husband, Fred, is Art Director at Graphics Co., and they have 2 of 5 left in high school. The two older boys are working and Susan is a senior at Bridgewater. MARION KELLEHER EVANS is a nurse practitioner in a college health service. Her twin sons are in high school and daughter in college.

VIRGINIA PIEROBELLO SABIN works as psychiatric nurse clinician at York County Counselling Services in Biddeford, Me., after having earned her MS degree at BU in 1975. Her two children live in Portland with her, but spend summers with Bill in Williamstown. DOROTHY GRACIE SNOW works 3 evenings a week at Pilgrim House Nursing Home in Peabody. Her oldest daughter is going to Lesley College. Her son is in high school and two daughters are in grade school.

JOANNE TAYLOR BLIZZARD works as a children's aide in Kensington, Md., and has 5 children. The oldest boy is in law school, the second son is at Wheeling College, majoring in banking. Her oldest girl works as a secretary for the County Department of Transportation, the third boy is working and the youngest girl is in high school. Jo's husband works in a government printing office.

DORIS STONE BERGERON is working full-time on Med-Surg in Nashoba Community Hospital. Noel retired from the Army as Colonel and is now going to Mortuary School. They have 7 children. Carole,

the oldest daughter graduated from MGH in 1973, joined the Air Force and is married. There is a son in the Army, a post-grad at Univ. of N.H., the fourth son is also at Univ. of N.H., and there are 4 girls to go! Dodie's address is 16 Appleton Place, Leominster, Ma. 01453.

SHIRLEY DUNCAN DRISCOLL got a prize for having come farthest to attend along with a couple of others. She is charge nurse in E.W. down there. Her husband is retired from the Air Force but he's been replaced by their oldest son. Their oldest daughter is a senior at Texas A & M. Her other daughter is working and the youngest son is a senior in high school hoping for a basketball college scholarship.

Attention, February Section 1951! SUE ADAMS JACKSON, DONNA BERRY TOWNSEND and PATRICIA HASTING WAITE want to know where the rest of you were for your 25th?

Now for news from those unable to re-une, but wrote. JOAN Mc CARTHY PETERSON says Andrea is a senior in high school and works for a retired judge in his law office after school. She hopes to enter Notre Dame in N.H. to become a court stenographer. Paula is thinking of becoming an LPN starting next Fall. Mac never saw NATALIE QUIRK MEANEY this summer, probably because Nat moved to High Point Road, Valley Forge, Pa.

DOLORES MERZ McHUGH would have come but had planned a trip with her daughters through Pennsylvania Dutch Country. She wanted to be remembered to all of

you. NANCY ANDERSON WHYTE-HEAD had a daughter married in May then went to England in June, which blew her bank account. She sent best wishes. GENEVIEVE RICE ROSENKRANTZ and Jim were going to Hilton Head on vacation in September, but say "Hi!" GLORIA GILSON KOLB's children are 15, 13, and 11 and coming along as fast as her grey hairs.

JANET STOCKS MOORE and Bill hope to be visiting son Will who's going to school in Boston, and Jan in Vermont, so are aiming for a reunion, perhaps at Jake Wirth's. JUNE MARINER TOPLIFFE writes that a daughter was married in March, Jack bought his own business, June is working full-time in a Medical floor and they're going on a Caribbean cruise in January for their 25th Anniversary. She extends an invitation to anyone in California to visit them.

DORIS SEARS BATES tried to make it, but never showed up. She and Peter were going to come up during the Bicentennial, but didn't. She is pretty busy. She is only in Fort Walton on week-ends if anyone is ever trying to reach her.

You may be interested to know that 19 of our class presented Miss Petzold with a check for \$270 for a Scholarship, decided by vote. The class of 1926, celebrating their 50th Anniversary, gave over \$1,000! Maybe we should start saving up now! MARTHA GORDON PETRIE sent a donation, but no news.

It was great having Dodie and Noel, and Ginny Sabin come to the Cape for dinner and to spend the

night with us. Ed, Mary Sargent Mackin's husband is an Educational Consultant. We reminisced about Traumatic Training days, laughing over mishaps such as Ginny's final practical when she had to give an oil retention enema and spilled the oil over everything and couldn't hold on to any equipment.

If I may be permitted to make some personal observations for those who couldn't make the reunion:

Shirley Driscoll looks exactly the same as in training days. She hasn't aged one year, and I'd like to know her secret! Joanne Blizzard changed the most and was almost unrecognized as a classmate — not that she is aged, but her face no longer has that chubby roundness and neither does she. She is very slim and looks great! Ginny Sabin looks quite young also, as does Marion Evans. Sarge has a short hair-do, would you believe blonde! She still dimples up when she laughs, which we did quite a lot. Dodie hasn't lost her droll sense of humor — still tells a mean joke. And the rest of us haven't aged much, either. In closing, let me say, "To heck with a Howard Johnson Homecoming!"

1954

Barbara Mayer Brownlee  
47 Brigham Hill Rd.  
Essex Junction, Vt. 05452

I am writing to notify you of the death of my husband, Charles A. Brownlee, of leukemia at the New England Medical Center, Boston, on October 18, 1976.

He graduated from Rensseler

Polytechnic Institute in 1953, and was an engineer with the General Electric Company in Burlington, Vt. at the time of his death.

Surviving are his wife, Barbara, a graduate of Hood College-MGH; four children, William, a student at the University of Vermont; Susan, at Skidmore College; and John and Steven at home.

### 1963

We received the following letter from CAROL GANDOLFI HILLER. After almost three wonderful years in Oahu, Hawaii we will be back in the Boston area after July 1976. Dave received orders to Group Boston for the next three years. I have kept very busy while in Hawaii. For the last 1½ years worked full time as charge nurse of a busy Navy adult dependents clinic. In my free time attend college part time and have almost one year's credits.

Our children have grown like palm trees. David is 6 years old and attends kindergarten. Susan is 4 years old and was in preschool and learned lovely Hawaiian songs, etc.

ANDREE FERRARIS MIHALYO and husband John spent a day with us during their April vacation after a week on the island of Kauai.

### 1965

In August, the following gathered for a picnic in the backyard of MARY-JO MANSFIELD ZINGARELLI, Haverhill, Mass.: LINDA BOTTI KIRSH and her daughter Dana, Palo Alto California; KAREN BAKER SULLIVAN and her son

Scott, Milton, Mass.; PATRICIA DALLON ARCHIBALD and son Patrick, Hampstead, New Hampshire; and of course the two Zingarelli daughters, Karen and Deanna.

The weather was great, but the day just not long enough for all the catch-up chatter. Linda and Karen arrived in dungaree skirts and to no one's surprise, were greeted by Mary-Joe in her very favorite skirt of like fashion, once laughed at and made fun of so frequently during those well remembered school days.

The children also had a wonderful day, and seemed to enjoy their mothers' laughter and snapshot swapping.

Later that week, Mary-Jo and Anthony (Tony-x-ray, MGH) revisited Linda and Warren and Dana in Dorchester, on their way to Cape Cod for a vacation. Tony and Wren enjoyed renewing old stories and bragging about their Pastoral accomplishments. Tony and I would like to hear from and see more of our classmates. Our address: 5 Pearson Street, Haverhill, Mass. 01830.

### 1966

Linda Murphy Lass  
20 Riverside St.  
Watertown, Mass. 02172

On Saturday, September 24, 1976 fifteen classmates of the NU-MGH Alternate Program and a few husbands got together at our apartment for a buffet dinner and a lot of talk. According to my husband the chatter was deafening and people were so busy talking they almost forgot to eat!

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Please send maiden name and year of graduation with order.

Those who were able to attend included: PAULA ALFIERI ANTHROP married to Walter, they have two children, Cairie age three, and Eric age one and one-half. Worked on White 11 for two years and then for Liberty Mutual Rehab Center for three years, is currently not working at nursing but at motherhood.

DIANE AVERY received a BS from NU and has been taking courses in music and art, presently at the Mass. College of Art. Has worked at MGH since graduation as a float in the White building and now in the Neuro ICU on Bigelow 11. She has been training her three year old parrot, Kelley, to talk, and has been active in the Audubon Society, as well as doing volunteer work teaching music at Fernald School for the Retarded.

KATHLEEN FITZGIBBON CANTWELL married Jim who is self-employed in the sale of industrial air tools. They have one child, Timothy, age six. Received a BS from NU. Worked at MGH on White 5 for four years, at Symmes Hospital Arlington in the ICU-CCU for five years, and is currently at Mass. Rehab Hospital as a Patient Care Coordinator.

JUDITH FRASER is still going to NU and eventually may get a BS in something (maybe nursing). Now working at Mass. Rehab Hospital as a Patient Care Coordinator. CAROL GARANT graduated from the Univ. of Pennsylvania in 1969 with a BSN and from Yale University in 1973 with a MSN. Has worked mostly in ICU and CCU and is now a clinical

specialist in consultative and liaison psychiatry. New interests are sailing, squash, skiing, and writing a book on liaison psyche and aiding in the formulation of a bill for third party payments for psyche nurses.

ANNETTE KASABIAN graduated from Univ. of R.I. with a BS in Nursing and has done some additional course work at NU and BU in the Medical legal area. Is currently administering the Medicare Program for the Department of H.E.W. and has been there for the past six years.

LINDA MURPHY LASS married to Semjon, a Dutchman from Amsterdam who is working in his own travel consultant firm and is the N.E. sales representative for Trafalgar Tours USA and the US representative for Bruce Safaris of Kenya, East Africa. Received a BS from NU in 1969 and is currently in a Masters program in Human Development at NU hoping to get an MEd in August 1977. Work experience includes staff and charge in community hospital pedi units and teaching on the LPN level in all subject areas. Taught at the Mass. Dept. of Mental Health School at Fernald, and the North Shore Children's Hospital School, both of which have closed, and is currently at the Shepard Gill School at MGH. New interests include: travel and working with Semjon as a travel consultant as well as collecting art and artifacts.

BARBARA MARTIN LYNCH married to Jack who passed away in June 1975, has two children, Greg age six, and Heather age two. Now back at NU part-time trying to decide an educational direction. Cur-



rently not working but keeping very busy.

**SHEILA LYNCH** received a BS from NU and a MS from BU. Has taught OB-GYN at Worcester-Hahneman Family Nurse Practitioner Program, is currently the Gyn nurse clinician for Dr. John Grover in Boston. Interests include skiing and tennis. **LAURIE MacDONALD** received a BS from the University College at NU. For the past eight years has done accounting work at Colonial Management which is a mutual fund. New interest is skiing.

**KATHLEEN WELCH MARTIN** separated with one child, David age six. Took courses at Queen's University in Ontario and the Family Nurse Practitioner course at McMaster University, Hamilton, Ontario. Has worked five years as a Family Nurse Practitioner and is currently at the Bunker Hill Health Center in Charlestown. Main interests are her son and skiing.

**GRACE BIANCULLI McMANN** married to John, an accountant and vice-president of finance with ALA, has one child, Kathleen age five and one-half, and a new baby expected in February. Completed the MGH Pedi Nurse Practitioner Program. Work experience includes: Missionary nurse in Lima, Peru; OR nursing at MGH; PNP at Bunker Hill Health Center and now a PNP research consultant at Harvard Graduate School of Education. New interests are preschool care and assessment, needlework and sailing.

**LYNNE WARING O'LOUGHLIN** married to Bob who is in sales for Union Carbide. They have three

children, Michael age eight, Stephen age five, and Keri Lynne age one and one-half. Worked one year at Yale New Haven, was a school nurse in Germany, and has done part-time work in N. Carolina and in Stamford. Interested in skiing, boating and interior decorating.

**MARTHA LEAVITT SANBORN** married to Bill who works as a machine and tool specialist at GE in Burlington. They have two children, Kathy age five and Michele age three. Worked for a total of five years as an OR-ER supervisor. Interest now are motherhood, skidooing, bowling and interior decorating.

**DIANNE BLACKALL WELLS** married to Jim who is a management systems analysis for Texas Instruments. Received a BS from NU and the Center for Disease Control (US Dept. of HEW) training program for nurse epidemiologists. Work experience includes five years in nursing education, and five years as a nurse epidemiologist, is a consultant and lecturer in the Eastern US and Canada, Instructor at Rhode Island College. Is President elect of the NE Chapter for the Association of Practitioners in Infection Control, and was the first recipient of the APIC's research scholarship in hospital epidemiology. Interested in sailing now but with their up-coming move to Texas may go back to horses.

Not only was there a lot of catching up, but as the night progressed a lot of memories. Memories of "20 Charles", "Thayer", "Ma Norton", NU and the Commons and the turtle race, those first few nursing experiences, An-

nette's singing, card playing, and the list goes on and on forever! It was quite a night, crowded but great — Lynne even ended up with laryngitis! And we all missed those of you who could not make it. You really missed something, so start saving and planning for the next one in 1981 — or maybe sooner! Keep in touch . . .

#### 1974

CAROL BERGERON is married to Jim Hewson who is also a member

of the US Air Force. They are stationed at Misawa Air Base, Japan and expect to be there for three years.

MARCIA BOZETARNEK has been with the Air Force since March 1975, working in labor and delivery. As of August 26th she was leaving for Clark AFB in the Phillipines. She had a flying assignment and will be caring for patients in the air. She will be back in the US in December 1977 and hopes to make a Homecoming sometime after her return.

### EDITOR CHANGE

As of this issue, long-term Editor of *The Quarterly Record*, Madalene Brown Calogiro, relinquishes the Editor's responsibilities for the alumnae publication. Her busy life, with work pressures, have made the editorship of the magazine extra heavy

Interim Editor is Alice Yancey Conlon, 83 Martland Avenue, Brockton, Mass. 02401, who, as a former Editor, feels strongly about brisk current information about MGH and loads of Class News, to keep alumnae "in touch".

Much gratitude goes to Madalene for her many years of work in the production of the one publication designed exclusively for the graduates of the MGH School of Nursing.

# CLASS NEWS

SECTION AND YEAR OF GRADUATION

NAME

STREET ADDRESS

CITY, STATE, ZIP CODE



**THE QUARTERLY RECORD**

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Nurses Alumnae Association, Inc.  
Bartlett Hall

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